



**NASARAWA STATE OF NIGERIA**

**MINISTRY OF TRADE, INDUSTRY, AND INVESTMENT**

**Jos Road, Adjacent**

**St. William’s Catholic Cathedral**

Phone:

08038213845

Email

:

office@mtii

.

nasarawa.com.ng

**GRIEVANCE REDRESS FOR**

**M**

**DATE:**

…..…………………………………………………..

**COMPLAINT NUMBER**

:

………………….……………….

**i.**

NAME OF OFFICER RECEIVING COMPLAINT

………………………………………….

Mode of Receipt

ii.

DETAILS OF

COMPLAINANT

FULL

NAME: ……

………………………………………………….….…………………………

RESIDENTIAL ADDRESS: ………………………….……………………………………………

………………………………………………………………………………………………………

BUSINESS/OFFICE ADDRESS: ………………………………………………………………….

………………………………………………………………………………………………………

TELEPHONE NUMBER:

……..………………..…………………………………………………

E

-

MAIL ADDRESS: ………………………………………………….….…………………….…..

VEHICLE NUMBER:……………………………………………………………………………...

iii.

TYPE OF COMPLAINTS:…………………….…………………………………………………

iv.

RESPONSIBLE MDA…………………………………………………………………………….

v.

DESCRIPTION OF THE COMPLAINT (

e

.g

harassment, unauthorized payments,

extortion,

other

s

)

**SMS**

**E**

**-**

**MAIL**

**VERBAL**

**PHONE**

**WRITING**

**1 |** P a g e

Details:…………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

vi. DETAILS OF ACCOMPANYING EVIDENCE ATTACHED vii. AMOUNT LOST:…………………………………………………………………………………. viii. DETAILS OF RESPONDENT

FULL NAME: ……………………………………………………………….….………………… RESPONSIBLE MDA: ……….………………….……………………………………………….

DESIGNATION: ...…………………………………………………………………………………

TELEPHONE NUMBER: ……..………………..…………………………………………………

E-MAIL ADDRESS: ………………………………………………….….……………………….. ix. REDRESS SOUGHT BY COMPLAINANT

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

**x.** DATE OF RESPONSE TO COMPLAINT**:**………………………………………………………..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Receiving Officer & Date Signature of Complainant & Date

**2 |** P a g e