

FORM "A"
(FOR USE BY THE COMPLAINANT)
BEFORE THE HONOURABLE PROVINCIAL OMBUDSMAN, SINDH

1. Name & Address of the complainant : _____

VERSUS

2. Name of the Agency : _____

3. PRAYER : _____

4. MAIN GRIEVANCES REQUIRING REDRESSAL:

- (a) _____
(b) _____
(c) _____
(d) _____

(DETAILED COMPLAINT IS ANNEXED)

AFFIDAVIT

I. _____ S/o, D/o, W/o, Wd/o _____

do hereby solemnly affirm:

- i) That the facts mentioned in this complaint are correct to the best of my knowledge and belief.
ii) That no complaint on this subject has previously been lodged with the provincial Ombudsman by me, or on my behalf

OR

- * That a complaint No. _____ dated _____
has previously been lodged with the Provincial Ombudsman on this subject.
iii) That no suit, appeal, petition or other judicial proceeding in connection with the subject matter of this complaint is pending in any Court or Tribunal.

OR

- * That a suit, appeal, petition or other judicial proceeding in this connection is pending before the
_____ under Case No. _____.

OR

- * That the subject matter of this complaint has never been adjudicated upon by any Court of Law.
iv) I made a representation to the Senior officers of the Agency in this connection but have failed to elicit a reply.

OR

- * My representation has been unjustly turned down
(Copies of correspondence are attached).

NOTE: *Delete if not applicable.

Signature / Thumb Impression of the complainant: _____

ATTESTED BY: _____