



P. Box 118, Sigatoka
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COMPLAINT FORM

Name
Address
Phone Contact

Type of Complaint
Market, Town Ranging, Health Building, Finance, Parking Meter, Prosecution, General.

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Brief on complaint lodged:
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Signature of Complainant

Date

Official Use

Name of Officer received the complaint

Date & Time

If received by phone and action taken is needed immediately, did you advise the head of department to take necessary action,

If general complaint lodged, have you advised that in four days they will receive an answer.....

Received By:

Date:

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