GRIEVANCE REDRESS FORM (FORM EKIRS-GRF 01)

A. COMPLAINANT'S DETAILS

NAME: ……..……

RESIDENTIAL ADDRESS: ……..……

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BUSINESS/OFFICE ADDRESS: …….

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TELEPHONE NUMBER: ……..……..……

E.MAIL ADDRESS: ……..…….…..

B. RESPONDENT'S DETAILS

NAME: ……..……

GOVERNMENT MDA: ……..……..…….

DESIGNATION: ...……

TELEPHONE NUMBER: ……..……..……

E.MAIL ADDRESS: ……..……..

C. DETAILED SUMMARY OF THE COMPLAINT

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D. REMEDIES/REDRESS SOUGHT BY COMPLAINANT

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COMPLAINANT'S SIGNATURE ……..……..... DATE: ……..…….

OFFICIAL REMARKS:

E. COMPLAINT RECEIVING OFFICER: …….

TAX STATION: ……...……

Mode of Receipt (Please tick where applicable)

WRITING	VERBAL	PHONE	SMS	E MAIL

COMPLAINT NO: …….

OFFICER'S SIGNATURE ……..……..... DATE: ……..……..…….