



Details of Complainant

Do you have any difficulties with the following? Do you need any help?

CPR:

Complaint No:

First name: Second name: Third name: Family:

Date of Birth: Occupation: Department:

Flat: Building: House: Road: Block: Area: Governorate:

Work phone: House phone: Mobile phone: E-mail:

If there is any attorney representing the complainant, it is preferred to fill in the form along with copy of authority letter:

Attorney Name:

CPR:

Directorate:

Phone no.

E-mail:

Defendant Details

It is recommended to provide us with information about the NSA employee to be complained against or any other special description:

Rank: Service No. Name:

Directorate:

Any other special description: (Like personal description or vehicle number)

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Complaint Facts

Place of Incident:

Date:

Time:

Do you have witnesses to your statement? Yes No

If yes, mention details of the witnesses as under:

First Witness: CPR: Telephone No.

Second Witness: CPR: Telephone No.

Have you submitted complaint to another authority? Yes No

If yes, mention the following details:

Name of the Authority: Date: Follow-up/Case no. if any:



Details of Complaint Facts

- Describe the situation which makes you feel that the NSA personnel behaved in an inappropriate manner and describe his actions/words accurately.
- Provide any information or evidence supporting your complaint.
- State any psychological or physical harm you suffered from this experience, if found.

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I have no objection to present the above information to the concerned authorities.
Signature: Date:

- Documents required:**
- Copy of Passport or Smart Card.
 - Any proofs related to the complaint facts.



Other Additional Details

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