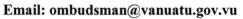


Office of the Ombudsman

Port Vila

Ombudsman Haus, Rue Pasteur PMB 9081, Port Vila, Republic of Vanuatu Tel: +678 27200





Complaint Form

Date	
Your name:	Your daytime telephone no:
	Your home telephone no:
V	If you do not have a telephone, please give the name
Your mailing address:	and telephone number of someone who can get a
	message to you:
	Date of birth:
Government Ministry, Department, Agency, Office or Authority that is the subject of this complaint:	Name and title of person(s) whose conduct is the subject of this complaint:
Please describe your complaint. Indicate the dates on Please be specific when describing conduct.	which events occurred and where they took place.

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What action have you taken to	remedy your complair	it?
		3
VAP's		
Witnesses:		List and attach relevant documents:
	8	
What outcome are you seekin	g?	
Declaration:		
	2 1	- .
Name:	Signature:	Date:

Please mail, email or deliver this completed Complaint Form, with relevant documents, to the address at the top of this Complaint Form.