Complaint Form

Complainant	Name	Date of Birth (YYYY/MM/DD)		Service Unit
		National ID No.		
		Gender		Work No.:
	Position / Public Office		Home Address & No.	
Representative (with Letter of Representation)			Home Address & No.	
Agent (with Power of Attorney)	Name	Date of Birth (YYYY/MM/DD)		
		National ID No.		
		Gender	Position	
	Work (Home) Address & No.			
Management or Work Adjustment Document Date & No.			Date of Receipt	(YYYY/MM/DD)
Management or Work Adjustment				

Administrative appeal or litigation:

Complaint Subject, Factual Content, and Reasoning

1. Subject

2. Factual Content

3. Reasoning
Evidence: Attachments: 1. Photocopy of Management or Work Adjustment Documents 2. Original copy of Power of Attorney (if applicable) 3. Original copy of Letter of Representation (if applicable) To (full title of service unit) Complainant: (signature/seal) Representative: (signature/seal) Agent: (signature/seal) Date: (YYYY/MM/DD)