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| **Complaint against a Government Entity** |

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| **A. Complainant Information:** | | | | | | | | |
| **Full Name:** | Click here to enter text. | | **Capacity**: | ❒ Principal | ❒ Representative | **Nationality**: | Click here to enter text. | |
| **Address:** | **Building:** | Click here to enter text. | | **Street:** | Click here to enter text. | | | |
| **Area:** | Click here to enter text. | | **Emirate:** | Click here to enter text. | | | |
| **Phone Numbers:** | **Mobile:** | Click here to enter text. | **Office:** | Click here to enter text. | | **Home**: | | Click here to enter text. |
| **Email:** | Click here to enter text. | | | | | | | |

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| **B. Information of the Government Entity Against which the Complaint is Lodged:** | |
| **Name of Entity:** | Click here to enter text. |

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| **C. Complaint Details:** | |
| **Facts:** | Click here to enter text. |
| **Claims of Complainant:** | Click here to enter text. |
| * **Remark: Please use and attach additional sheets to provide further details.** | |

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| **D. Procedures Taken by the Complainant before Submitting this Complaint (if any):** | | |
| 1. **Raising the issue with the entity against which the complaint is lodged;** | ❒ Yes | ❒ No |
| 1. **Raising the issue with other entities; and/or** | ❒ Yes | ❒ No |
| 1. **Taking any legal action in respect of the complaint. Specify the nature of such legal action.**   Click here to enter text. | | |

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| **E. Attachments:** | | | | | |
| 1. Click here to enter text. | | | | | |
| 1. Click here to enter text. | | | | | |
| 1. Click here to enter text. | | | | | |
| **I, the undersigned, certify that the above mentioned information is accurate and that I shall be held accountable if it is proven otherwise.** | | | | | |
| **Name:** | Click here to enter text. | **Signature:** |  | **Date:** | Click here to enter text. |

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| **F. For the use of the Government of Dubai Legal Affairs Department:** | | | | | | |
| **How Complaint is Received:** | | ❒ In person ❒ Representative ❒ PO Box ❒ Email ❒ Fax | | | | |
| **Received the Complaint Form and Requested Attachments in Accordance with the Requirements of the Department** | | | | | | ❒ Yes |
| **Name of Legal Advisor who Reviewed the Complaint before it is Registered:** | | |  | | **Signature:** |  |
| **Complaint Received by:** |  | | **Signature:** |  | **Complaint No.:** |  |