



**REPUBLIC OF ALBANIA
PEOPLE'S ADVOCATE**



Address: Bulv: "Zhan D'Ark". Nr. 2
1001, Tirana – ALBANIA

Tel: + 355 4 2380 300
+ 355 4 2380 333

Fax: + 355 4 2379 826

E-mail: ap@avokatipopullit.gov.al
Web-site: www.avokatipopullit.gov.al

Date __/__/2009

COMPLAINT FORM

**To: People's Advocate Institution
Mr. Ermir DOBJANI
Tirana, ALBANIA**

First Name _____ Father's Name _____
Surname _____ Citizenship _____ Nationality _____
Date of birth _____ Profession _____
Address _____
Tel No. _____ Fax No. _____ E-Mail Address _____

CONTENT OF THE COMPLAINT

1. The Public Administration or the official you are complaining about:

2. Irregular /unlawful/ Action or inaction:

3. The denied/violated/infringed/ right liberty or legal interest:

4. Complaints/appeals submitted to other bodies and their reply:

5. Description of the circumstances about the case, related documents:

6. Do you doubt the claimend by you violations are related to direct or indirect discrimination, based on your ethnic/racial origin, sexual orientation or any other form of discrimination? If YES, please explain bellow!

7. Type of legal support expected from the People's Advocate:

8. Number of documents attached to the complaint _____ items.

9. If you want to remain anonymous to media or the organs you complain against, please cross the respective box: YES NO

COMPLAINANT

First Name _____

Surname _____

Signature _____