

COMPLAINT FORM

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

First Name _____ Father's Name _____
Surname _____ Nationality _____
Age _____ 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:
