

Post Office Complaint

Date of filing the form:

Post office complaint form number:

Full name of the person filing the complaint:

Signature of the person filing the complaint:

Whether a senior citizen (yes/no):

Contact address:

Contact phone number:

Name of the post office:

Name of the post-master:

Name of the assistant post-master:

The type of complaint:

The main points of the complaint:

1. _____
2. _____

Signature of the competent authority confirming the receipt of the filled-up form: