



**SINDH EARLY LEARNING ENHANCEMENT THROUGH
CLASSROOM TRANSFORMATION (SELECT)
SCHOOL EDUCATION & LITERACY DEPARTMENT
GOVERNMENT OF SINDH.**



UAN: 111-735-328

What's App # 0317-8222566

Email: grm.select@gmail.com

GRIEVANCE/COMPLAINT FORM

COMPLAINANT INFORMATION		TRACKING #					
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Complainant Name						Phone #	
CNIC Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	
Gender						Email Address:	
Address							
Nature of complain	1) Administrative	2) Civil Work		Submission Date		Time _____	
	3) Social/Community	4) Training					
	5) Environmental	6) GBV/ SEAH		<input type="text"/>	-	<input type="text"/>	
	7) Procurement	8) Any other		<input type="text"/>	-	<input type="text"/>	
COMPLAINANT STATEMENT							
<p align="center">Complainant signature/ Thumb</p>							
FOR OFFICE USE							
ACTION TAKEN/ REFERRAL							
GFPs	DGRC	CGRC-SELECT	GBV/SEAH	SE&LD	ANY OTHER FORUM		
Remarks							
Name of School	Semis Code	Uc		Taluka	District		
Name of Complain Recorded Staff			Designation		Contact & Email		
Note: -							
If complain relates to GBV/SEAH, Please refer to GBV prescribed Form.				Grievance Focal Person Signature			