



COMPLAINT FORM /FOOMU LAUNGA

1. Full Name/Hingoa	<input type="text"/>	Date/'Aho	<input type="text"/>
Adress/Tu'asila	<input type="text"/>	Telephone/Email	<input type="text"/>
Male/Female	<input type="text"/>	Telefina/'Imeili	<input type="text"/>
Tangata/Fefine	<input type="text"/>	Age/Ta'umotu'a	<input type="text"/>

2. Occupation/Employer/Ngaue/Ngaue'anga

3. Nature of Complaint/Natula 'o e Launga

4. Ministry/Agency/Public Enterprise concerned/Potungae/Sino/Pisinisi 'o e Pule'anga

5. Complained to Ministry/Agency/Public Enterprise concerned? When? How? /'Osi launga ki he Potungae/Pisinisi 'a e Pule'anga? 'A ne fe? Founa fefe?

6. Complaint details/Fakaikiiki 'o e launga

7. Desired outcome/Ola 'Oku fiema'u

8. Signature/Fakamo'oni nima