

# COMPLAINT FORM

## **1. Details of the Complainant:-**

- 1.1 Full Name :- MR. J. K. CHANDRASIRI .....
- 1.2. Postal Address:- MORATUWA .....
- 1.3. Telephone Numbers : - 0343941494 .....

## **2. Details of the deceased abroad:-**

- 2.1. Full Name ((Mr./Ms.): - MRS. WAHARODN .....
- 2.2. Passport Number:- N 3676737 .....
- 2.3. Sex:- FEMALE .....
- 2.4. Married or Single:- MARRIED .....
- 2.5. Age:- 49 .....
- 2.6. Relationship to the complainant:- MOTHER .....
- 2.7. Date of Death :- 20/12/2011 .....
- 2.8. Cause of Death :- CRITICAL HEALTH CONDITION .....

## **3. Name and postal address of the Overseas Employer / Company including telephone numbers:-**

..... AKEEM MANDPOWER .....

..... P.O. BOX 348 .....

..... KSA .....

## **4. Name and postal address of Local Recruitment Agent with telephone numbers:-**

..... GULF LANKA TRAVELS .....

..... COLOMBO 10 .....

## **5. Name and postal Address of Foreign Agent with telephone numbers:-**

..... SAME AS EMPLOYER .....

6. Departure date:- 12/09/2010 .....

## **7. Assistance required:**

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