

Islamic Republic of Afghanistan

Access to Information Commission

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**Complain Form**

|  |  |
| --- | --- |
|  | Applicant’s Name and Last Name |
|  | Applicant’s Position (Optional) |
|  | Contact and Email |
|  | Subject of Information Asked |
|  | Date of Asking for Information |
|  | Date of Complaint Registration |
|  | Name of Institution Which You Have Complaint For |
|  | Issue of Complaint |
|  | Applicant’s Signature |

|  |
| --- |
| For Commission Use |
|  |  |  | Incoming Registration No |
|  |  |  | Outgoing Registration No |
|  | Recipient Signature |  | Name of Submitter  |
|  | Address of Applicant’ |
|  | Remarks |

Note: Attach the application form and a written copy of the complaint to the relevant office with the form below.