

Devolution Trust for Community Empowerment <i>H #18, St #18, F-6/2, Islamabad. Tel:2878235-38, Fax:2878240</i> <i>contact@dtce.org.pk</i>	Document no: DTCE-IME-KK-1
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KHULI KUTCHEHRI EVALUATION REPORT (KKER)

Please use a black or a blue ballpoint pen to fill out this form. Use BLOCK letters only.

1	Name of District	
2	Name of Tehsil	
3	Jurisdiction (Police Station)	
4	Union Council Name	<input type="checkbox"/> Presence of UPSC
5	Location/Venue of Event	
6	Date of Event (day/month/year)	
7	Name of organizing CSO:	

Filled By	Name
	Designation
	Organization
	Date (day/month/year)
	Signature

Attendance Sheet

Police Officials Attendance

S #	Name	Belt No.	Designation	Department	Attendance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Complaints During the Khuli Kutchehri								
S #	Complainant Name	Address	Profession	Complaint Category	Complaint Type (Individual/Coll ective)	Complaint Detail	Complaint Against (OPR./INV.)	Status (Addressed, Pending, No Action)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								

Complaints During the Khuli Kutchehri								
S #	Complainant Name	Address	Profession	Complaint Category	Complaint Type (Individual/Collective)	Complaint Detail	Complaint Against (OPR./INV.)	Status (Addressed, Pending, No Action)
20								
21								
22								
23								
24								
25								
26								
27								