

CITIZEN PROTECTION DESK MONTHLY PROGRESS REPORT

Reporting Month:

District Bar Association Name:

Complaint Log During the Reporting Period

S #	Complainant Name	Gender (M/F)	Complainant NIC#	Community organization Name(CCB, VNC etc)	Complainant Address	Complainant Telephone	Description of Complaint	Action Notes	Complaint Status (Pending, Resolved)	Complaint Registered Date	Complaint Resolved Date

Report Filled By	Name :	
	Designation:	
	Organization:	
	Signature:	
	Date(Day/Month/Year):	

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