

**FEDERAL OMBUDSPERSON SECRETARIAT FOR
PROTECTION AGAINST HARASSMET OF WOMEN AT THE
WORKPLACE.**

**APPLICATION FORM FOR RECIPT OF DOCUMENTS AND THEIR
CERTIFIED COPIES**

Registration No. _____/20

1. Complaint No. _____

2. Title _____

VERSUS

3. Details of required documents:

- | | |
|----|----|
| a) | d) |
| b) | e) |
| c) | f) |

4. Nature of Complaint: Harassment/ Property Rights _____

5. Whether the applicant is party/counsel in the case: Yes/No

6. Case Status/stage: _____

7. Purpose: _____

Name & Address of Applicant: _____

N.I.C. # _____ Mobile # _____

Date _____ Signature _____

Registrar (FOSPAH)

Approved/ Not Approved

Signature _____

Marked to: _____

FOR OFFICIAL USE:

Date of Application: _____

No. of Pages: _____

Date of Completion of Copy: _____

Date of Delivery of Copy: _____

Prepared / Compared by: _____

Documents Received: (Full Name): _____

Note:-

- i. **Please attach the photocopy of CNIC (except Advocates).**

complaints@fospah.gov.pk