



دائرة القضاء
JUDICIAL DEPARTMENT

Human Rights Office

Complaint / Petition Form	
Name	
Nationality	
Contact number	
Applicant's status	1-Family: <input type="checkbox"/> Providing support number of dependents: 2-Health situation: <input type="checkbox"/> Elderly <input type="checkbox"/> Chronic disease <input type="checkbox"/> Critical medical case 3-Financial capabilities: <input type="checkbox"/> Insufficient income <input type="checkbox"/> No income 4-Debts: late rentals <input type="checkbox"/> Commercial loan <input type="checkbox"/> Alimony debt <input type="checkbox"/> Personal loan 5-Residence status (for expats): <input type="checkbox"/> Expired residence <input type="checkbox"/> expired health insurance <input type="checkbox"/> kids don't go to school <input type="checkbox"/> kids have expired health insurance 6-Sentenced to prison <input type="checkbox"/> if yes, for how long 7-Any others:
Case number <input type="checkbox"/> First instance <input type="checkbox"/> Appeal <input type="checkbox"/> Cassation <input type="checkbox"/> Enforcement
Brief summary of the complaint	
Who are you complaining against?	Name: Telephone Number:
Type of assistance required?	
Encl.: proof of ID & any supporting documents
Customer survey	What is your impression of your interaction with the HRO employee? <input type="checkbox"/> Not good <input type="checkbox"/> Neutral <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Signature & Date	

