

Ethiopian Institution of the Ombudsman **Complaint Submission Form**

Please make sure you supply all the required fields as indicated by the asterisk (*)

Petitioner's Information

Full Name	
Tel (Office)	
Tel (Residence)	
Fax	
Email Address	
Postal Address	

Respondent's Information

Full Name	
Tel (Office)	
Tel (Residence)	
Fax	
Email Address	
Postal Address	

Indicate the measure or the decision that you consider being unlawful. Provide a brief description of the matter or event and the time of occurrence. (You should attach copies of the relevant decision and other appropriate documents) *

Why do you consider the measure or decision to be unlawful?

Is the matter pending before a court of law or another body? If yes, specify *

What is that you wish the Institution of the Ombudsman do for you? *
