

COMPLAINT FORM

1. Details of the Complainant:-

- 1.1 Full Name :- MR. J. K. CHANDRASIRI
- 1.2. Postal Address:- MORATUWA
- 1.3. Telephone Numbers : - 0343941494

2. Details of the deceased abroad:-

- 2.1. Full Name ((Mr./Ms.): - MRS. WAHARODN
- 2.2. Passport Number:- N 3676737
- 2.3. Sex:- FEMALE
- 2.4. Married or Single:- MARRIED
- 2.5. Age:- 49
- 2.6. Relationship to the complainant:- MOTHER
- 2.7. Date of Death :- 20/12/2011
- 2.8. Cause of Death :- CRITICAL HEALTH CONDITION

3. Name and postal address of the Overseas Employer / Company including telephone numbers:-

..... AKEEM MANDPOWER

..... P.O. BOX 348

..... KSA

4. Name and postal address of Local Recruitment Agent with telephone numbers:-

..... GULF LANKA TRAVELS

..... COLOMBO 10

5. Name and postal Address of Foreign Agent with telephone numbers:-

..... SAME AS EMPLOYER

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6. Departure date:- 12/09/2010

7. Assistance required:

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