

OYO STATE GOVERNMENT

INTERSTATE TRADE GRIEVANCE REDRESS MECHANISM (COMPLAINT FORM/001)

Details of the Comp	lainant:		
Name			•••••
Phone no.:	Email Addres	ss:	• • • • •
Vehicle number:	Date o	f Complaint:	•••••
Type of Complaint: .	• • • • • • • • • • • • • • • • • • • •		
Responsible MDA :			• • • • •
Description of the C	omplaint:		
Harassment	Unauthorized	Other in-kind	
	Payments	request	
Attachment of Relev	vant Evidence		
Attachment: (1)	(2)		-
(3)			
Amount lost:			• • • • • •
Name of Responsible	Party:		• • • •
Date of Response to 0	Complaint:		



OYO STATE GOVERNMENT

GRIEVANCE REDRESS MECHANISM (COMPLAINT FORM/002)

Name of Exporter/	Trade		•••••
Details of the Com	plainan		
Name:			•••••
Phone no.:	Email Add	ress:	• • • • • • • • • • • • • • • • • • • •
Vehicle number:	Date of	Complaint:	•••••
Type of Complaint:		• • • • • • • • • • • • • • • • • • • •	
Description of the	Complaint:		
Open	Ongoing Investigation	Resolved	
Date of response:	case:		• • • • • • • • • • • • • • • • • • • •
Action Of Redress :			