

For Committee use only  
Complaint No:  
Date:

**Annexure A**

**Complaint to the Board of Review  
Postgraduate Institute of Medicine (PGIM)**

(Duly and legibly filled forms should return to; Chairman, Board of Review of the Postgraduate Institute of Medicine (PGIM), 160, Prof. Nandadasa Kodagoda Mawatha, Colombo7)

1) Details of the complainant:

Personal

- i. Name: .....
- ii. Personal Address: .....
- iii. NIC: .....
- iv. Telephone Number: .....
- v. Date of Birth: .....
- vi. Age: .....
- vii. Other Relevant Details (If necessary):.....  
.....

Official

- i. Official Address: .....  
.....
- ii. Designation .....
- iii. Telephone Number: .....

2) Complaint in brief:

I. The complaint is against whom?

1. Name and the designation of the person/officer: .....
- .....
2. Ministry/Department: .....
3. Faculty/Hospital: .....
4. University: .....
5. Other relevant details (If necessary): .....
- .....

II. Official address and telephone number of the responsible person/ persons:

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III. State briefly particulars justifying your complaint :

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IV. Date and place the problem occurred:

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V. State whether the problem was referred to the Director/PGIM and if so the date of the complaint

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VI. What type of relief you expect from the committee:

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3) Is there any pending or concluded court case regarding this matter, if so indicate the details (case no. etc....)

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4) Have you referred above mentioned matter to this committee before; if so indicate the details:

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5) Any other information the complainant wish to furnish:

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I hereby further declare that above information given by me is true and accurate.

..... Date

Signature of the complainant

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This complaint is approved / not approved to proceed.

.....

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Date

Chairman/Board of Review