State of Palestine





دولة فلسطين هيئة تشجيع الاستثمار الفلسطينية

Form (1) Application for Filing a Complaint

			(Complaint No).:	
Full Name:	ID No.:					
Governorate/city/village:	Сара	acity:				
Did you file a complaint at your institu	ition: Yes	No	Date of	filing the com	plaint	: / / /
Did you receive a response on the com	nplaint: Yes	No	Date o	of Response:	/ /	/
Is the complaint being heard by court:	Yes	No 📗				
The institution against which the com	plaint is file	d:				
Telephone no.		Fax no.				
E-mail:						
Attachments:						
1						
2						
3						
4						
5						
☐ 6						

State of Palestine

Palestinian Investment Promotion Agency



دولة فلسطين هيئة تشجيع الاستثمار الفلسطينية

Details of the Complaint: I adhere to the validity of the information stated in the complaint and bear full responsibility. Thereupon, I sign: Signature of complainant: -----Date of filing the complaint: / / Name of the complaint recipient: -----

Signature of the complaint recipient: ----- Date of receipt: / /

State of Palestine



دولـــة فلســطيـن هيئة تشجيع الاستثمار الفلسطينية Palestinian Investment Promotion Agency

For the Department's Use:						
Recommendation:						
Refusal of the complaint Admittance of the complaint						
Justifications of refusing the complaint:						

Officer in Charge of the Complaints Unit