

**Complaint form for migrant workers (domestic & non-domestic)  
who visit the Mission in person**

Date		Time		Ref. No.	
Name in Full					
Address of the Work Place					
Tel No.					
Job Category					
Passport No.		Date of Arrival			
Address in Sri Lanka				Contact No. of NOK in Sri Lanka	
Tel No.					
Agency in Sri Lanka					
Foreign Agency					
Contact No.					
Sponsor (If Domestic Worker)					
Address					
Contact No.					
Complaint					
Relief Requested					
Signature of the Complainant					
<b>For Official Use Only</b>					
Action taken by the Labour Welfare Officer					

**Please Turn Over**

