**FORMULIR PENGADUAN PELAYANAN PUBLIK**

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| Nama Pelapor | : | ……………………………………………………………………………. |
| Jenis Kelamin | : | ……………………………………………………………………………. |
| Alamat | : | ……………………………………………………………………………. |
|  |  | ……………………………………………………………………………. |
| Nomor Identitas | : | ……………………………………………………………………………. |
| Email | : | ……………………………………………………………………………. |
| No. Telp / HP | : | ……………………………………………………………………………. |
| Pekerjaan | : | ……………………………………………………………………………. |
| Deskripsi Pengaduan | : | ……………………………………………………………………………. |
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| Tindak Lanjut yang di inginkan | : | …………………………………………………………………………….…………………………………………………………………………….……………………………………………………………………………. |
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| Penerima Pengaduan(………………………………………………….) | Madiun, 2023Pengadu(………………………………………………….) |