**FORMULIR PENGADUAN PELAYANAN PUBLIK**

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