

FORM-IA
[See Rule 3(1)]
FORM OF COMPLAINT
BEFORE THE LOKAYUKTA, ARUNACHAL PRADESH

Complainant Shri/Smti/Miss.....son of/ daughter of/ wife of.....
(add description of profession, residence etc):

(a) Mr/Ms.....Son of/Daughter of/Wife of

(b) Designation.....(c) Address.....

(a) Mr/Ms.....Son of/Daughter of/Wife of

(b) Designation.....(c) Address.....

(a) Mr/Ms.....Son of/Daughter of/Wife of

(b) Designation.....(c) Address.....

(a) Mr/Ms.....Son of/Daughter of/Wife of

(b) Designation.....(c) Address.....

(a) Mr/Ms.....Son of/Daughter of/Wife of

(b) Designation.....(c) Address.....

The above named complainant is satisfied that the aforesaid public servants:

have knowingly and intentionally abused their positions as such to obtain any undue gain or favour to themselves or to any other person(s) or to cause undue harm to any person(s); and/or was actuated in the discharge of their functions as such public servants by corrupt motives; and/or are guilty of corruption; and/or

are in possession of pecuniary resources or property disproportionate to their known sources of income and such pecuniary resources or properties are held by the public servants personally or by any member of their families or by some other persons on their behalf.

(Strike out the clause or clauses not relevant to the complainant).

To support the allegations the complainant relies on the following facts and is also filing an affidavit:

- (1)
- (2)
- (3)
- (4)

The complainant has/has not for the same matter resorted to a remedy by way of proceeding before a tribunal/a court of law/an authority empowered to decide the matter particulars of which are as under: (give particulars and result, if any).

The necessary deposit of Rs. 1000 has been made by affixing judicial stamps of that value on the complaint or application for partial/full waiver has been attached.

PRAYER

It is, therefore, prayed that an inquiry be made against the said public servants.

.....
Signature/ thumb mark of the applicant.

VERIFICATION

Ison of/daughter of/wife of.....resident of.....hereby verify that the facts stated by me in Para fromtoin the complaint are true to my personal knowledge and/or the facts stated by me in Para from..... toare based on information received from.....(give the name) and/ or documents and the same are believed by me to be true.

.....
Signature/thumb mark of the applicant.