

THE UNITED REPUBLIC OF TANZANIA



**For Competitive, Efficient, Quality and Safe Transport Services**

Surface and Marine Transport Regulatory Authority  
Mamlaka ya Udhibiti Usafiri wa Nchi Kavu na Majini

**COMPLAINT FORM**

**A: PARTICULARS OF COMPLAINANT: PHYSICAL PERSON**

Full Name of Complainant: .....  
Age: .....  
Profession/Occupation: .....  
Institution/ Organization .....  
Postal / Physical Address: .....  
Telephone(s): ..... Email address: .....  
Nationality: .....

**B: PARTICULARS OF COMPLAINANT: COMPANY**

Name of Company .....  
Postal Address: .....  
Physical Address: .....  
Telephone(s): ..... Email address: .....

**OR**

**C: PARTICULARS OF REPRESENTATIVE**

Full Name: .....  
Age: .....  
Relationship with Complainant: .....





.....  
**FOR OFFICE USE ONLY**

**Name of receiving office:** .....

Complaint Number: .....

Name of Officer: .....

Designation: .....

Signature: .....Date: .....

**Division referred to:** .....

Name of Officer: .....

Signature: .....Date: .....