



**Niger State Signage and Advertising Agency**  
**Area Tax office, before Total Filling Station, Paiko road, Tunga Minna.**  
**Tel:- 08187900737**

**GRIEVANCE REDRESS RESPONSE**

**DATE:** .....

**COMPLAINT NO:** .....

**A. COMPLAINT RECEIVING OFFICER:** .....

Mode of Receipt (Please tick where applicable)

WRITING	VERBAL	PHONE	SMS	E MAIL
---------	--------	-------	-----	--------

**B. COMPLAINANT'S DETAILS**

NAME OF EXPORTER/TRADER: .....

CONTACT DETAILS.....: .....

BUSINESS/OFFICE ADDRESS: .....

TELEPHONE NUMBER: .....

E.MAIL ADDRESS: .....

**C. TYPE OF COMPLAINTS:**.....

**D. STATUS OF INCIDENT (open, ongoing investigation, resolves).....**

**E. MDA WORKING ON CASE ( responsible MDA).....**

.....

**F. SOLVENCY MECHANISM USED.....**

.....

.....

.....

**G. ACTIONS OF REMEDIES/REDRESS**

.....

.....

.....

.....

.....

**H. DATES OF RESPONSE TO COMPLAINT:.....**

\_\_\_\_\_  
Signature of GRM DESK Officer & Date