



**CIVIL AVIATION AUTHORITY
CARGO COMPLAINTS**

CAAF-007-ASCG-2.0

Airport Services Directorate

**COMPLAINANT INFORMATION
(To be filled by the Complainant)**

COMPLAINT / FEEDBACK DESCRIPTION

Name of Complainant*		
Date*		
Time*		
Airway Bill / Passport Number No. *		
Phone No.*		
Email address		
Name of Company / Agency (For Airport/Cargo Terminal Staff only)		
Postal Address*		
Note: * Filling of above fields is mandatory. In case of incomplete information, complaint will not be entertained.		