

**BEFORE THE FEDERAL TAX OMBUDSMAN**  
**Islamabad/Regional Office**

INFORMATION ABOUT FINAL DISPOSAL OF CASE No. \_\_\_\_\_

1. Name of the Complainant \_\_\_\_\_
2. Name of the Revenue Division/Agency/Tax Employee \_\_\_\_\_
3. Name of the Dealing/Investigation Officer \_\_\_\_\_
4. Date of decision \_\_\_\_\_
5. Time consumed in the investigation \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ days
6. Nature of Recommendations, (please tick the relevant box)
  - (1) Any report required
  - (2) Any corrective disciplinary action suggested
  - (3) Any defect in Law/Rules or procedure indicated
  - (4) Any other direction (Please specify) \_\_\_\_\_  
\_\_\_\_\_
7. Nature of mal-administration \_\_\_\_\_
8. Nature of complaint/recommendation:
9. Final out-come (Please tick the relevant box)
  - (1) Relief provided
  - (2) Case rejected on merits
  - (3) Investigation discontinued

**(DEALING OFFICER)**

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