AIR TRADERS GRIEVANCE REPORT FOR OCTOBER 2025

S/N	NAME OF COMPLAINANT	PHONE NUMBER	ADDRESS	APPLICATION NO	DATE OF COMPLAINT	DESCRIPTION OF COMPLAINT	MDA RESPONSIBLE	MODE/CHANEL OF RECEIVING GRIEVANCE	DETAILS OF WHERE REPORT WAS MADE	DATE RESOLVED	STATUS OF COMPLAINT	ACTIONS TAKEN	FINAL RESOLUTION	FEEDBACK GIVEN	MODE/CHANEL OF FEEDBACK	OFFICER COMPLETING THE FORM
1	NIL															