|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Logo-BPK-Grey.jpg  **BADAN PEMERIKSA KEUANGAN**  **PERWAKILAN PROVINSI DKI JAKARTA**  Jalan M.T. Haryono Kav.34 Jakarta Selatan  Telepon: 021-79180560 Faksimili: 021-7902574 | | | | | |  |
|  | **FORMULIR PENGADUAN MASYARAKAT**  (Rangkap Dua) | | | | | |  |
|  | Nomor | : | …… /PM/PIK/......./20…..... | | | |  |
|  | Tanggal | : | .......................................... | | | |  |
|  |  | | | |  | |  |
|  | Unit Kerja Tujuan | | | | (Diisi oleh petugas) | |  |
|  | **DATA PELAPOR** | | | | | |  |
|  | Nama | | | |  | |  |
|  | Jenis Kelamin | | | |  | |  |
|  | Alamat Rumah | | | |  | |  |
|  | Pekerjaan/Instansi | | | |  | |  |
|  | Alamat Kantor | | | |  | |  |
|  | E-mail | | | |  | |  |
|  | Nomor KTP | | | |  | |  |
|  | Nomor Telepon | | | |  | |  |
|  | **MATERI PENGADUAN MASYARAKAT** | | | | | |  |
|  | Jenis Pengaduan Masyarakat | | | | 🞏 Pemeriksaan  🞏 Non-pemeriksaan  🞏 Lain-lain: .................................................................................................................. | |  |
|  | Isi Pengaduan | | | |  | |  |
|  | Tujuan Pengaduan | | | |  | |  |
|  | Sumber Informasi | | | |  | |  |
|  | Dokumen Pendukung\* | | | | 🞏 Ada  🞏 Tidak ada | |  |
|  | Cara Penyampaian Pengaduan | | | | 🞏 Diserahkan langsung melalui PIK BPK  🞏 E-PPID  🞏 SIPADU  🞏 E-mail  🞏 POS  🞏 Faksimili  🞏 Kurir  🞏 Lainnya: ................................................................................................................... | |  |
|  |  | | |  |  | |  |
|  | Petugas Penerima Pengaduan Masyarakat  (Nama Jelas/NIP) | | | | | Pelapor/Pengadu  (Nama Jelas sesuai KTP) |  |
|  | Keterangan:  \* Pilih salah satu dengan memberikan tanda √ | | | | | |  |