

Registration of Grievance at Level-I

Grievance No. & Date

(To be provided by office)

Consumer No.: _____

1. Name and address : _____

2. Telephone No. of complainant: _____

3. Type of problem (Please tick the type of problem applicable) _____

Interruption	Voltage	Load shedding	Meter	Bill	Disconnection	New Connection	Others
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4. Brief description of grievance : _____

5. Any other information : _____

6. Date and time of complaint : _____ Signature of complainant

-----Tear from here -----

To be retained by consumer

Complaint No. & Date

(To be provided by office)

Consumer No : _____

1. Name of consumer : _____

2. Brief description of complaint : _____

3. Target date and time to resolve grievance : _____ (To be provided by office)

Signature and name of staff receiving the application

Designation & Seal

(Please provide your complaint number in any future communication)

Grievance Registration at Level-II/III

Grievance No. & Date

(To be provided by office)

Consumer No. _____

1. Name and address : _____

2. Telephone No. of complainant : _____
3. Name of office (Level-I/II) where complaint was registered earlier : _____

4. Brief description of grievance : _____

5. Date and time on which complaint at Level-I/Level-II office was registered :

6. Grievance No. (given by licensee at Level-I/II): _____
7. Please attach copies of communication with Level-I/II office (Optional):
8. Date : _____ Signature of complainant

-----Tear from here -----

To be retained by Consumer

Complaint No. & Date

(To be provided by office)

Consumer Number : _____

1. Name of consumer : _____
2. Brief description of complaint : _____

Signature and name of staff receiving the application

Designation and Seal

(Please quote complaint number in future communications)