

Consumer Complaint Form

Fill Separate form for each Complaint. The complaint will be entertained only if checklist is filled.
The Electricity Ombudsman, Sikkim

**Sikkim State Electricity Regulatory Commission,
P.O. Tadong, Sikkim-737102
Ph: (03592) 281081, 281088**

To be filled by Ombudsman Office		DD-MM
Complaint ID/ Appeal/Case No. <input style="width:150px;" type="text"/>	Date of Receiving Complaint/ Appeal/Petition <input style="width:150px;" type="text"/>	

To be filled by the Appellant/Complainant/Petitioner		
Name of Consumer/ Appellant/Complainant <input style="width:150px;" type="text"/>	Consumer No. *	<input style="width:150px;" type="text"/>
	Consumer Category	<input style="width:150px;" type="text"/>
Address <input style="width:250px;" type="text"/>	Phone No.	<input style="width:150px;" type="text"/>
	Fax No.	<input style="width:150px;" type="text"/>
City/Village <input style="width:250px;" type="text"/>	E-mail	<input style="width:150px;" type="text"/>
District <input style="width:250px;" type="text"/>	PIN	<input style="width:150px;" type="text"/>

Licensee <input style="width:150px;" type="text"/>	Circle <input style="width:150px;" type="text"/>	Division <input style="width:150px;" type="text"/>
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Complaint Type (Please tick)

<input type="checkbox"/> 1. Billing Dispute	<input type="checkbox"/> 6. Voltage Complaints
<input type="checkbox"/> 2. Non Supply of Power	<input type="checkbox"/> 7. Problems in Metering
<input type="checkbox"/> 3. Safety	<input type="checkbox"/> 8. Complaint regarding billing and collections service
<input type="checkbox"/> 4. Complaint regarding getting fresh connections	<input type="checkbox"/> 9. Complaint regarding Disconnection and Reconnection
<input type="checkbox"/> 5. Interruption/failure of power supply	<input type="checkbox"/> 10. Others

If others, please specify

Give Brief Description of complaint (Details may be annexed separately). Attach copy of complaint sent to Forum

Relief sought from Ombudsman (Details may be annexed separately)

Name of forum	<input type="text"/>	Address	<input type="text"/>
Ref No. of Letter/order received	<input type="text"/>	Date	<input type="text"/>
From Forum and Date	<input type="text"/>		

*Write 'NEW' if No consumer No. Allotted.

Decision/order of the forum in brief (Details may be annexed separately). Attach copy of Relief Remedy offered by Forum.

List of Enclosures:

- Copy of Complaint to Forum.
- Copy of Reply/Order received from Forum.
- Affidavit (As per Form – V).

Check List: Before filing complaint with Forum, please ensure that all of the following criteria are met and all boxes are checked ().

- Has lodged complaint with the Forum.
- The representation has been made within 1 month from the date of the order of the Forum.
- Complaint does not lie with any Consumer Forum or any Court, or the Commission.
- Have provided complete personal information like name, address, consumer account no.
etc.
- Have mentioned the Relief sought from Ombudsman.

Verification

I (name in full and in block letters), Son/Daughter/Wife
resident of.....P.S.....
 District.....solemnly declare that to the best of my knowledge and belief, the information
 given in this complaint and the annexure and statements accompanying it are correct, complete and
 truly stated and in accordance with the provision of SSERC 's "Redressal of Grievances of Consumer
 and establishment of Forum and Electricity Ombudsman " Regulations, 2012.

Name:

Signature:

Place:

Date: