

ANNEXURE-I
CONSUMER REDRESSAL FORUM
COMPLAINT FORMAT

(Please tick () in the box whichever is applicable)

DATE:

1) SERVICE CONNECTION RELATED

i) For New Service: Date of Application LT HT
Domestic Commercial Industrial Agriculture Others

ii) For existing service:
Service Connection No:

Replacement of Service lines	<input style="width: 30px; height: 20px;" type="checkbox"/>	Meter Problems	<input style="width: 30px; height: 20px;" type="checkbox"/>	Meter Capacity Enhancement	<input style="width: 30px; height: 20px;" type="checkbox"/>
Additional Load	<input style="width: 30px; height: 20px;" type="checkbox"/>	Conversion to 3 Phase	<input style="width: 30px; height: 20px;" type="checkbox"/>	Shifting of Service	<input style="width: 30px; height: 20px;" type="checkbox"/>
Name Transfer	<input style="width: 30px; height: 20px;" type="checkbox"/>	Tariff Change	<input style="width: 30px; height: 20px;" type="checkbox"/>	Billing Problems	<input style="width: 30px; height: 20px;" type="checkbox"/>
Deficiency in Services	<input style="width: 30px; height: 20px;" type="checkbox"/>	Other Complaints	<input style="width: 30px; height: 20px;" type="checkbox"/>		

Date of representation

Date of payment made if any

iii) Quality of power supply

Low Voltage Voltage Fluctuation Frequent Supply Interruption

From (Date)	From (Time)	To (Date)	To (Time)
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

Address of the location of the existing / proposed service connection (common to all complaints)

2) OTHER COMPLAINTS

i) Discourtesy

II) Denial of requisite Information

III) Wanton delay on account of

Registration of application

Acceptance of payment

Fixing of meter

Effecting service connection

iv) Demand / Acceptance of bribe

Date Time Place

LICENSEE'S EMPLOYEE AGAINST WHOM COMPLAINT IS MADE
(for more than one person fill in separate form)

Name

Designation

Office Address

Descriptive details of the Complaint (common to all complaints) (Add sheets if required)

3) COMPLAINANTS DETAILS

Name and Address Telephone No

Email ID

Signature of the Complainant

- Note: i) Send separate sheets if necessary to cover the details of complaint
ii) Complainant will be assured that there will be no harassment for giving this complaint
iii) Complete postal address of the complainant is essential for taking action

FOR OFFICE USE

Grievance No Name of Data Entry Operator

Date of receipt

Division

Signature