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 □ Meter Problems □ Meter Capacity Enhancement □

Additional Load □ Conversion to 3 Phase □ Shifting of Service □

Name Transfer □ Tariff Change □Billing Problems □

Deficiency in Services □ Other Complaints □

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)

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 __________