

Registration of Grievance
At Level 1

Grievance No. & Date

(To be Provided by office)

Consumer No.: _____

a. Name and Address : _____

b. Contact No. / e-mail id of complainant : _____

c.

Types of Problems	Interruption	Load Shedding	Meter	Bill	Disconnection	New Connection	Others (Specify)
Please tick the problem applicable							

d. Brief Description of complaint: _____

e. Any other information: _____

f. Date & Time of Complaint: _____ Signature of Complainant

-----Tear form here -----

To be retained by consumer

Complainant No. & Date

(To be provided by office)

Consumer No.: _____

1. Name and Address : _____

2. Brief Description of complaint: _____

3. Target Date & Time to resolve Complaint: _____
 (To be provided by office)

Signature of Official receiving
the application

Designation & Seal

(Please provide your complaint number and date in any future communication)

Grievance Registration at Level 2

Form – 2
Cost of form – Re 1/

Grievance No. & Date

(To be Provided by office)

Consumer No.: _____

1. Name and Address : _____

2. Contact No. / e-mail id of complainant : _____

3. Name of office (Level 1) where complaint was registered earlier _____

4. Brief Description of complaint: _____

5. Date & Time on which Complaint at Level 1 was registered: _____

6. Grievance No. (given by licensee at Level 1) : _____

7. Please attach copies of communication with Level 1 office (Optional):

8. Date & Time : _____ Signature of complainant

-----Tear form here -----

To be retained by consumer

Complainant No. & Date

(To be provided by office)

Consumer No.: _____

1. Name of consumer : _____

2. Brief Description of complaint: _____

Signature of Official receiving
the application

Designation & Seal

(Please quote your complaint number and date in future communication)

Serial No:

Form - 3

Name of office: _____

Place: _____

Date: _____ Time: _____ Complaint No:

Name of Complainant:

Phone No: _____

Type (s) of problem:

Complaint Forwarded to:

Details of redressal of Complaint:

Date: _____

Time: _____

Details: _____

Name of the official (s) who attended rectification:

Initial of AEE /Area Manager:

Remarks: _____
