

**Annexure-I**

**PROFORMA FOR LODGING COMPLAINT  
FOR LOW VOLTAGE / INTERRUPTION / FAILURE OF POWER SUPPLY**

Consumer No.....

Complaint Ref. No.....  
(To be given by the Licensee)

1. Name and full address of the complainant.
2. Brief description of complaint.
3. Date of complaint.
4. Date/Time since which the original complaint at fuse call centre is pending.
5. Any other information

**SIGNATURE OF THE COMPLAINANT.**

- - - - - Tear at this line - - - - -

**ACKNOWLEDGEMENT TO BE FILLED BY THE LICENSEE AND HANDED  
OVER TO THE CONSUMER**

Date:.....

1. Complaint Reference No. (To be given by the Licensee)
2. Consumer No..... Name:
3. Received on date
4. Complaint received by
5. Brief detail of complaint
6. Target date to resolve

**SIGNATURE OF AUTHORISED OFFICER**  
**Designation :**  
**Seal**

(For further assistance quote your complaint reference number)

## **Annexure-II**

### **PROFORMA FOR LODGING COMPLAINT ON BILLS, DISCONNECTION AND RECONNECTION OF POWER SUPPLY**

#### **Part - A**

##### **Licensee Copy**

Please complete Part - A and C of this form and hand it over to the Sub-Divisional Officer who will give your complaint a reference no. and a target date for resolving the complaint before signing and returning Part-C to you.

Complaint Reference No.: \_\_\_\_\_ (To be given by Licensee) Date \_\_\_\_\_

Consumer No. \_\_\_\_\_ Consumer Name & Address \_\_\_\_\_

Details of complaint \_\_\_\_\_

Consumer Signature \_\_\_\_\_

Date of complaint received \_\_\_\_\_

Target date to resolve \_\_\_\_\_

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#### **Part - B**

##### **For Licensee's Use Only**

J.E assigned to investigate Date \_\_\_\_\_

Verification report of findings to be submitted on or before Date \_\_\_\_\_

J.A assigned to investigate Date \_\_\_\_\_

Report of findings after ledger verification to be submitted, on or before Date \_\_\_\_\_

Date report received from Junior Engineer by SDO(C) Date \_\_\_\_\_

Date report received from Junior Accountant by SDO(C) Date \_\_\_\_\_

Action taken by

SDO(C) \_\_\_\_\_

Date of action taken by SDO(C) \_\_\_\_\_

Date on which response given to consumer \_\_\_\_\_ Written/Verbal\*

Comments by consumer (if any) \_\_\_\_\_ \*Delete as appropriate

**Signature  
SDO(C)**

**Part - C**

Consumer Copy

Complaint Reference No. \_\_\_\_\_ (to be given by the Licensee) Date \_\_\_\_\_

Consumer Number \_\_\_\_\_ Consumer Name \_\_\_\_\_

Address \_\_\_\_\_

Details of  
complaint \_\_\_\_\_

Date complaint received \_\_\_\_\_ Target date to resolve \_\_\_\_\_

Complaint received by \_\_\_\_\_ SDO(C)

SIGNATURE OF AUTHORISED OFFICER

**Designation:**

**Seal:**

(For further assistance quote your complaint reference number)

**Annexure-III**

**PROFORMA FOR LODGING COMPLAINT ON METERING OF POWER SUPPLY**

CONSUMER NO \_\_\_\_\_ Complaint Reference No. \_\_\_\_\_ (To be given by Licensee)

1. Name and full address of the complaint
2. Brief description of complaint:
3. Date of complaint
4. Does the meter belong to the Licensee: YES/NO
5. Is a new meter made available for replacement by the complainant:  
YES/NO
6. Any other information

**(Signature of the Complainant)**

- - - - -Tear at this line - - - - -

**ACKNOWLEDGEMENT TO BE FILLED BY LICENSEE AND  
HANDED OVER TO THE CONSUMER**

1. Complaint reference No \_\_\_\_\_ Date: \_\_\_\_\_  
(To be given by the Licensee)
2. Consumer No.....Name:
3. Received on date
4. Complaint received by
5. Brief detail of the complaint
6. Target date to resolve

**SIGNATURE OF AUTHORISED OFFICER**

**Designation :**

**Seal**

(For further assistance quote your complaint reference number):

**Annexure-IV**

**FORM FOR COMPLAINT OF NEW CONNECTIONS /TRANSFER OF  
OWNERSHIP/CONVERSION OF SERVICE**

Complaint Ref. No.....  
(To be given by Licensee)

1. Name of the applicant and address of the premises for which power supply has been applied for.
2. Date of application for power supply along with necessary documents.
3. Load and purpose for which power supply is required/*application is given.*
4. Money receipt No., date and amount for deposit of estimated amount & Security Deposit.
5. Details of complaint.
6. Date of lodging the complaint

**SIGNATURE OF APPLICANT.**

- - - - - Tear at this line - - - - -

**ACKNOWLEDGEMENT TO BE FILLED BY LICENSEE AND HANDED OVER  
TO THE APPLICANT**

**Date**

1. Complaint reference No.  
(To be given by Licensee)
2. Applicant's Name
3. Received on date
4. Complaint received by
5. Brief detail of the complaint
6. Target date to resolve

**SIGNATURE OF AUTHORISED OFFICER**

**Designation :**

**Seal :**

(For further assistance quote your complaint reference number)

**Annexure-V**

**PROFORMA FOR LODGING COMPLAINTS TO THE NEXT  
DESIGNATED HIGHER AUTHORITY**

**Consumer No.....**

**Complaint Ref. No.....  
(To be given by Licensee)**

1. Name and full address of the complainant.
2. Copies of the previous complaints filed with SDO/EE etc. with copies of the reply received, if any.
3. Date since which the complaint is pending.
4. Brief description of the present complaint.
5. Date of complaint lodged.

**SIGNATURE OF APPLICANT**

- - - - - Tear at this line - - - - -

**ACKNOWLEDGEMENT TO BE FILLED BY LICENSEE AND HANDED OVER  
TO THE CONSUMER**

**Date\_\_\_\_\_**

**ZONE\_\_\_\_\_**

1. Complaint reference No. (To be given by the Licensee)
2. Received on date
3. Complaint received by

**SIGNATURE OF AUTHORISED OFFICER**

**Designation :**

**Seal :**

(For further assistance quote your complaint reference number)