

**SCHEDULE 4
Complaint Form 1**

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**Form 1
Registration of Grievance**

Complaint No.: _____ (To be provided by office)
 Complaint No.: _____ (To be provided by office)

Reg No. Complainant at the CCU: (Disco)/CCU/Code No.:

Date: _____

1. Name and address of Complainant
2. Telephone number(s) of Complainant:

3. Type of Problem:	Interruption(1)	Voltage (2)	Load Shedding (3)	Meter (4)	Billing(5)	Disconnection(6)	Delay in New Connection(7)	Other(8)

4. Brief Description of grievance:
 5. Any other relevant information:
 6. Date of Complaint
- Signature of Complainant

..... Tear from here.....

To be retained by Consumer
 Complaint No. & Date: _____ (To be provided by office)
 Consumer No.: _____ (To be provided by office)

- 1-Name of Consumer:
 - 2- Brief description of complaint:
 - 3- Target date to resolve grievance: (To be provided by office)
- Signature of staff receiving the application

Designation & Seal
 (Please provide your complaint number in any future communications)