

Form – 1  
Cost of Form – Re 1/-

**Registration of Grievance**  
**At Level 1**

Grievance No.& Date  
\_\_\_\_\_  
(To be provided by office)

Consumer No. : \_\_\_\_\_

1. Name and address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Telephone no. of complainant : \_\_\_\_\_

3. Type of problem	Interruption	Voltage	Load Shedding	Meter	Bill	Disconnection	New Connection	Others
Please tick the type of problem applicable								

4. Brief description of grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Any other 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 Number : \_\_\_\_\_

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)