

Form – 2
Cost of Form – Re 1/-

Grievance Registration at Level 2

Grievance No.& Date

(To be provided by office)

Consumer No. : _____

1. Name and address : _____

2. Telephone No. of complainant : _____

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

4. Brief description of grievance : _____

5. Date on which complaint at Level 1 office was registered : _____

6. Grievance no. (given by licensee at level 1) : _____

6. Please attach copies of communication with level 1 office (Optional):

7. Date: _____ 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 : _____

Signature of staff receiving the
application

Designation & Seal

(Please quote complaint number in future communications)