

COMPLAINT FORM

1	Name of the Complainant/URC	
2	Address	
3	Tele number of the Complainant	
4	Index No	
5	Product Details	
6	Date of Manufacture	
7	Bill/Purchase details including date	
8	Details of Complaint	
9	Nature/Classification of Complaint	
	<ul style="list-style-type: none"> • Higher Price in CSD 	
	<ul style="list-style-type: none"> • Quality of Product 	
	<ul style="list-style-type: none"> • Replacement of Product/stock 	
	<ul style="list-style-type: none"> • Less Quantity Received 	
	<ul style="list-style-type: none"> • After Sales Service 	
	<ul style="list-style-type: none"> • Complaint about procedure 	
	<ul style="list-style-type: none"> • Behavior of CSD Employee 	
	<ul style="list-style-type: none"> • Short Packaging 	
	<ul style="list-style-type: none"> • Any other (please specify) 	
10	URC from where purchase has been made	
11	Name of the Depot	

Signature of the Complainant