

COMPLAINT FORM

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| 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