FORM -II

FORM FOR LODGING COMPLAINT FOR INTERRUPTION/FAILURE OF POWER SUPPLY/LOW/HIGH VOLTAGE

То	be filled in by Consumer			Sub-Division		
				Section		
	nsumer Account No.			Complaint		
HP	SEB)			(To be	given by	
1.	Name & full address of the consumer					
2.	Brief description of complaint					
3.	Date & time of lodging the complaint in the Complaint Centre					
4.	Date of lodging the current complaint					
5.	Any other information which the consumer intends to add					
			Signature of the	ne Complainan	nt/Consumer	
Tear	off	(To	be		perforated)	
	KNOWLEDGEMENT TO BE FILLED CONSUMER	IN BY TH	IE HPSEB AN		OVER TO	
1.	Complaint Ref. No. (to be given by the HPSEB)			Date:		
2.	Applicant's name					
3.	Consumer A/C No					
4.	Received on date					
5.	Complaint received by					
6.	Brief detail of complaint					
7.	Target date to resolve the complaint					

Signature of Authorised Officer

Designation:

SEAL: