**FORM –V**

**FORM FOR LODGING COMPLAINT WITH NEXT HIGHER AUTHORITY IN CASE OF NON-REDRESSAL BY PRIMARY RESPONSIBILITY CENTRE**

To be filled in by Consumer

Sub Division :_____

Complaint Ref.No. of Primary Responsibility Centre :_____

| | |
|---|---|
| 1. Name & full address of consumer | |
| 2. Consumer Account No. | |
| 3. Nature of complaint | |
| 4. Date of complaint | |
| 5. Date/Time since the original complaint is pending at Primary Responsibility Centre | |
| 6. Any other information | |

Signature of consumer

*Tear off (To be perforated)*……

ACKNOWLEDGEMENT TO BE FILLED IN BY HPSEB AND HANDED OVER TO CONSUMER.

| | | | |
|---|---|---|---|
| 1. Complaint Reference No. of next higher authority | | | |
| 2. Name of consumer | | | |
| 3. Consumer Account No. | | | |
| 4. Received on date: | | Time: | |
| 5. Nature of complaint | | | |
| 6. Target date to resolve the complaint | | | |

Signature of Authorized Officer/Official:

Designation:

SEAL