

**FORM FOR LODGING COMPLAINT FOR NOT KEEPING SPECIAL APPOINTMENTS**

Appointment No  
(To be given by HPSEB)

To be filled in by Consumer

Consumer Account No.

1. Name & full address of the complainant

2. Name of office where appointment sought

3. Date & time of appointment given

4. Brief description of complaint

5. Any other information which the consumer intends to add

Signature of the Complainant/Consumer

*Tear off (To be perforated).....*  
.....

**ACKNOWLEDGEMENT TO BE FILLED BY THE HPSEB AND HANDED OVER TO THE COMPLAINANT**

Consumer A/C No.

6. Complaint Ref. No.  Date:   
(to be given by the HPSEB)

7. Applicant's name

8. Received on date

9. Complaint received by

10. Brief detail of complaint

11. Target date to resolve the complaint

Signature of authorized officer

Designation:

**SEAL:**