FORMAT FOR LODGING GRIEVANCE / COMPLAINT

1. NAME (IN CAPITAL)
2. ADDRESS FOR COMMUNICATION
3. OCCUPATION
4. DESIGNATION (IF IN SERVICE)
5. TELEPHONE NUMBER (LANDLINE)
6. MOBILE NUMBER
7. E-MAIL ID
8. NATURE OF COMPLAINT (PLEASE TICK)
   - ☐ DELAY IN ISSUING POLICY
   - ☐ DELAY IN SETTLEMENT OF CLAIM
   - ☐ REPUDIATION / REJECTION OF CLAIM
   - ☐ DISPUTE IN QUANTUM
   - ☐ OTHERS IF ANY (PLEASE SPECIFY) _____

9. DETAILS OF COMPLAINT
10. POLICY NUMBER AND PERIOD
11. CLAIM NUMBER
12. DATE OF LOSS
13. NAME AND ADDRESS OF POLICY ISSUING OFFICE
14. ANY OTHER REFERENCES

15. WHETHER ANY CORRESPONDENCE / REFERENCE MADE EARLIER TO POLICY ISSUING OFFICE :
16. WHETHER THE GRIEVANCE DEPARTMENT OF THE CONCERNED R.O. HAS BEEN CONSULTED (IF NOT DONE SO FAR, WE SUGGEST FOR THE SAME FOR OBTAINING SPEEDY RESOLUTION OF THE GRIEVANCE) :

DATE :

PLACE : SIGNATURE : _____

FOR OFFICE USE ONLY

DATE OF RECEIPT :

OFFICE OF RECEIPT :

GRIEVANCE ID NUMBER ALLOTED :

ACKNOWLEDGEMENT SENT ON :

NAME AND DESIGNATION OF GRIEVANCE OFFICER :

DATE OF DISPOSAL OF GRIEVANCE :

NOTES

1) PLEASE FILL UP ALL THE COLUMNS – SPECIALLY ITEM NUMBERS 1 To 13.

2) GRIEVANCE FORMAT TO BE ADDRESSED TO THE CONCERNED GRIEVANCE OFFICER (COVER ENVELOPE MUST BE SUPER-SUBSCRIBE WITH THE ADDRESS OF CONCERNED GRIEVANCE OFFICER)

3) THE LETTER SHOULD BE ADDRESSED TO THE POLICY ISSUING OFFICE AS MENTIONED IN THE POLICY.