

FORM OF COMPLAINT (TO BE LODGED) WITH THE OMBUDSMAN

[Clause 11(2) of the Scheme]

(TO BE FILLED UP BY THE COMPLAINANT)

All the fields are mandatory except wherever indicated otherwise

To
The Ombudsman

Madam/Sir,

Sub: Complaint against(place of Regulated Entity's branch or office) of(name of the Regulated Entity)

Details of the complaint:

1. Name of the complainant
2. Age (years).....
3. Gender.....
4. Full address of the complainant
-
-
- Pin Code
- Phone No. (if available).....
- Mobile Number.
- E-mail (if available)

5. Complaint against (Name and full address of the branch or office of the Regulated Entity)

.....

Pin Code

6. Nature of relationship/account number (if any) with the Regulated Entity

.....

7. Transaction date and details, if available

.....
 (a) Date of complaint already made by the complainant to the Regulated Entity
 (Please enclose a copy of the complaint)

.....
 (b) Whether any reminder was sent by the complainant? Yes/No
 (Please enclose a copy of the reminder)

8. Please tick the relevant box (Yes/No)

Whether your complaint:

(i)	is sub-judice/under arbitration ¹ ?	Yes	No
(ii)	is made through an advocate, except when the advocate is the aggrieved party?	Yes	No
(iii)	has already been dealt with or is under process on the same ground with the Ombudsman?	Yes	No
(iv)	is in the nature of general complaint/s against Management or Executives of a Regulated Entity?	Yes	No
(v)	is on account of a dispute between Regulated Entities?	Yes	No
(vi)	involves employer-employee relationship?	Yes	No

9. Subject matter of the complaint

10. Details of the complaint:

(If space is not sufficient, please enclose a separate sheet)

.....

¹ **Complaint is sub-judice/under arbitration** if the complaint in respect of the same cause of action is already pending/dealt with on merits by any Court, Tribunal or Arbitrator or any other Authority, whether individually or jointly.

11. Whether any reply has been received from the Regulated Entity within a period of 30 days of receipt of the complaint by it? Yes/No
(if yes, please enclose a copy of the reply)

12. Relief sought from the Ombudsman

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(Please enclose a copy of documentary proof, if any, in support of your claim)

13. Nature and extent of monetary loss, if any, claimed by the complainant by way of compensation (please refer to clauses 15 (4) & 15 (5) of the Scheme)

Rs.....
.....

14. List of documents enclosed:

Declaration

(i) I/We, the complainant/s herein declare that:

a) the information furnished above is true and correct; and

b) I/We have not concealed or misrepresented any fact stated above, and in the documents submitted herewith.

(ii) The complaint is filed before the expiry of a period of one year reckoned in accordance with the provisions of clause 10 (2) of the Scheme.

Yours faithfully

(Signature of the Complainant/Authorised Representative)

AUTHORISATION

If the complainant wants to authorise a representative to appear and make submission on her/his behalf before the Ombudsman, the following declaration should be submitted:

I/We hereby nominate Shri/Smt..... as my/our authorised representative whose contact details are as below:

Full Address
.....
.....

Pin Code

Phone No:.....

Mobile Number.

E-mail

(Signature of the Complainant)