

FORMAT FOR LODGING GRIEVANCE/COMPLAINT

1 NAME (IN CAPITAL)	<input style="width:100%;" type="text"/>										
2 DATE OF BIRTH	<input style="width:100%;" type="text"/>										
3 SEX (Please tick)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Male</td> <td style="width:33%; text-align:center;">Female</td> <td style="width:33%; text-align:center;">Others</td> </tr> </table>	Male	Female	Others							
Male	Female	Others									
4 PAN CARD NO./VOTER ID CARD NO./ PASSPORT NO/RATION CARD NO.(ANY ONE)	<input style="width:100%;" type="text"/>										
5 ADDRESS FOR COMMUNICATION	<input style="width:100%;" type="text"/>										
6 OCCUPATION	<input style="width:100%;" type="text"/>										
7 DESIGNATION (IF IN SERVICE)	<input style="width:100%;" type="text"/>										
8 MOBILE NUMBER AND LAND LINE(ANY ONE)	<input style="width:100%;" type="text"/>										
9 E-MAIL ID	<input style="width:100%;" type="text"/>										
10 NATURE OF COMPLAINT(PLEASE TICK)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><input type="checkbox"/></td> <td>DELAY IN ISSUING POLICY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>DELAY IN SETTLEMWENT OF CLAIM</td> </tr> <tr> <td><input type="checkbox"/></td> <td>REPUDIATION /REJECTION OF CLAIM</td> </tr> <tr> <td><input type="checkbox"/></td> <td>DISPUTE IN QUANTUM</td> </tr> <tr> <td><input type="checkbox"/></td> <td>OTHERS IF ANY (PLEASE SPECIFY)</td> </tr> </table>	<input type="checkbox"/>	DELAY IN ISSUING POLICY	<input type="checkbox"/>	DELAY IN SETTLEMWENT OF CLAIM	<input type="checkbox"/>	REPUDIATION /REJECTION OF CLAIM	<input type="checkbox"/>	DISPUTE IN QUANTUM	<input type="checkbox"/>	OTHERS IF ANY (PLEASE SPECIFY)
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<input type="checkbox"/>	DISPUTE IN QUANTUM										
<input type="checkbox"/>	OTHERS IF ANY (PLEASE SPECIFY)										
11 DETAILS OF COMPLAINT	<input style="width:100%;" type="text"/>										
12 POLICY NUMBER AND PERIOD	<input style="width:100%;" type="text"/>										
13 CLAIM NUMBER	<input style="width:100%;" type="text"/>										
14 DATE OF LOSS	<input style="width:100%;" type="text"/>										
15 NAME AND ADDRESS OF POLICY ISSUING OFFICE	<input style="width:100%;" type="text"/>										
16 ANY OTHER REFERENCES	<input style="width:100%;" type="text"/>										

17 WHETHER ANY CORRESPONDENCE/
REFERENCE MADE EARLIER TO
POLICY ISSUING OFFICE

18 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 ALLOTTED :
ACKNOWLEDGEMENT SENT ON :
NAME AND DESIGNATION OF GRIEVANCE OFFICER:
DATE OF DISPOSAL OF GRIEVANCE :

NOTES

1. PLEASE FILL UP ALL THE COLUMNS - SPECIALLY IALLY ITEM NUMBER 1 TO 15
2. GRIEVANCE FORMAT TO BE ADDRESSED TO THE CONCERNED GRIEVANCE OFFICER
(COVER ENVELOPE MUST BE SUPER- SUBSCRIBE WITH THE ADDRESSES OF
CONCERNED GRIEVANCE OFFICER)
3. THE LETTER SHOULD BE ADDRESSED TO THE POLICY ISSUING OFFICE AS MENTIONED
IN THE POLICY.