

DHBVN CONSUMER COMPLAINT FORM

Date: DD/MM/YYYY

Filled up by the Consumer For Office Use Only

Name of S/Division: _____

New Account No: _____

Name of Consumer: _____

Father/ Husband Name: _____

Address: _____

Contact No. _____

E-mail _____

Category: _____

(DS/NDS/HT/LT)

Nature of BR: _____

(BR1, BR2, BR3, BR4, BR5)

Sanctioned Load _____

Contract Demand: _____

(If any)

Nature of Complaint:

Tick Here

1. Wrong meter reading/checking of meter

2. Checking of Burnt /Dead Stop meter

3. Checking wrong billing

4. Fault in CT/PT/ Meter Box

5. Broken of meter box Seal

6. Meter working fast/pr check ,meter

7. Changing of PVC 2C/4C cable

8. To Set right the line/ Loose sag

9. Any other complaint Detail as under :-

Checking Report

Meter Sr. No. _____

Make: _____

Capacity _____

Reading KWH - KVAH - MDI _____

Glass _____

M&P Seal _____

Box/ Plate Seal _____

Load _____

Working Of-meter _____

Date & Sign. Of LM/ALM

Last Bill Position:

Sign. Of SDO With Stamp

Date & Sign. of Incharge With Stamp

Stamp of Receiving Official

Signature of Consumer / Applicant

.....CUT FROM HERE.....

Name _____

New A/C No. _____

Complaint Received by _____

Action Taken _____

Dated Signature / Stamp of Employee

