

FORM VI

See Rule 30 H (2)

Complaint Form

(To be filled by the Complainant)

(All fields are mandatory except wherever indicated otherwise)

To,

Co-Operative Ombudsman

Madam / Sir,

Sub : complaint against (Name of Multi-State Co-Operative Society)

- 1) Name of Complainant :
- 2) Age :
- 3) Gender :
- 4) Address of the Complainant :
Pin Code :
Phone Number (If Available) :
Mobile Number :
E-Mail (If Available):
- 5) Complaint against : (Name & full Address of the Multi-State Co-Operative Society)

- 6) Membership Number, or Relevant details relating to membership :
- 7) Mode of Filing : Through Portal / in Physical Format / in Electronic Format
(Please tick the appropriate option)
- 8) a) Date And Details of the complaint made by the complainant to the Multi State Co-Operative Society : (Please attach a copy of the complaint)
b) Whether such complaint was rejected or no reply was received within one month from the date of such complaint or whether the complainant is not satisfied with the reply of the Multi State Co-Operative Society ?
c) Whether the complaint has been made not later than one month after the reply of the Multi-State Co-Operative Society, or where no reply is received, not later than two months from the date of making the complaint to such society?

9) Please tick the appropriate box (Yes / No) :

whether your complaint :

- Is sub-judice before any Authority, Tribunal, Court, or Central Registrar of is the subject matter of arbitration under section 84 ? (Yes / No)
- is in respect of the same subject matter which was settled through the Ombudsman in any previous proceedings, whether or not instituted by one or more complainants, or any one or more parties concern with the subject matter?
Yes / No
- Is made through an authorized representative ? Yes/ No

10) Details of Complaint

11) Relief sought from the Ombudsman (Please enclose a copy of documentary proof, if any, in support of your claim)

12) List of Documents enclosed :

DECLARATION

- i) I,s/o -----the complainant, herein declares that -
 - a) The information provided above is true and correct
 - b) I have not concealed or misrepresented any fact stated above and the documents submitted herewith.
- ii) a) Where a response from the Multi-State Co-Operative society has been received, the complaint is filed before the expiry of one month after receiving the reply from the Multi State Co-Operative society.
b) Where response from the Multi-State Co-Operative society, has not been received: the Complaint is filed before the expiry of two months after the representation to Multi-State Co-Operative Society was made.

Yours' Faithfully,

Signature of the Complainant / Authorized Representative

Authorisation

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

I, s/o -----the Complainant, hereby Nominate Shri as my authorized representative whose contact details are as below :

- Address :
- Pin code :
- Telephone Number :
- Mobile Number :
- E-Mail :

Yours' Faithfully,

Signature of the Complainant