

Annexure 24
Request / Complaint Form

Date:	
Received by :	
Request/ Complaint received through:	<input type="checkbox"/> Telephone No. _____ <input type="checkbox"/> Fax No. _____ <input type="checkbox"/> Letter / Date _____ <input type="checkbox"/> E-mail / Date _____ <input type="checkbox"/> Walk-in / Date / Time
Participant's Name:	
Contact details Address & Phone:	_____
IEC Project no.	
Title of the Project	
Starting date of participation :	
Information requested/ complaint/query	
Action taken:	_____
Reviewed by	_____
Final Decision	_____
Date of IEC meeting (if applicable)	

Name & Signature of Member Secretary

Date