

**Annexure 24**  
**Request / Complaint Form**

<b>Date:</b>	
<b>Received by :</b>	
<b>Request/ Complaint received through:</b>	<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 _____
<b>Participant's Name:</b>	
<b>Contact details Address &amp; Phone:</b>	_____
<b>IEC Project no.</b>	
<b>Title of the Project</b>	
<b>Starting date of participation :</b>	
<b>Information requested/ complaint/query</b>	
<b>Action taken:</b>	_____
<b>Reviewed by</b>	_____
<b>Final Decision</b>	_____
<b>Date of IEC meeting (if applicable)</b>	

\_\_\_\_\_  
Name & Signature of Member Secretary

\_\_\_\_\_  
Date