

"B"

FORMAT FOR APPEAL

From:		To:	
Name	_____	Public Grievance Officer	
Address	_____	Address	_____
	_____		_____
Contact No.			_____
(Office)	_____		_____
(Residence)	_____		
(Mobile)	_____		

Previous Grievance Date: _____ Copy to be enclosed

Reply of Grievance Officer Date: _____ Copy of reply to be enclosed

Vide the Scheme of Public Grievance Redressal, I appeal against the reply of Public Grievance Officer / other Official to my Grievance dated _____ on the subject _____

Date: _____ Name: _____ **(Signature)**

Enclosures, if any (for supporting Grievance)

Note: Clear reasons as to why the reply is not satisfactory need to be stated while submitting the Appeal.