

**FORM VI**

[See rule 30H (2)]

**FORM OF COMPLAINT**

(TO BE FILLED UP BY THE COMPLAINANT)

[All fields are mandatory except wherever indicated otherwise]

To  
The Co-operative Ombudsman

Madam/Sir,

Sub: Complaint against ..... (Name of the multi-State co-operative society)

1. Name of the complainant:

2. Age (years):

3. Gender:

4. Full address of the complainant:

- Pin Code:
- Phone No. (if available):
- Mobile Number:
- E-mail (if available):

5. Complaint against: *(Name and 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 form/electronically *(Please tick the appropriate option)*

8. (a) Date and details of complaint already made by the complainant to the multi-State co-operative society: *(Please enclose 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 relevant box (Yes/No):

Whether your complaint:

- is sub-judice before any Authority, Tribunal, Court, or the Central Registrar or 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 the same complainant, or along

with any one or more complainants, or any one or more of the parties concerned with the subject matter? Yes/No

- is made through an authorised representative? Yes/No

10. Details of the 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 furnished above is true and correct; and

(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 of the multi-State co-operative society;

(b) Where a 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 the multi-State co-operative society was made.

Yours faithfully

(Signature of the Complainant/Authorised Representative)

### **AUTHORISATION**

If the complainant wants to authorise 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/Smt. \_\_\_\_\_ as my authorised representative whose contact details are as below:

Full Address:

Pin Code:

Phone No:

Mobile Number:

E-mail:

Yours faithfully,

(Signature of the Complainant)