COMPLAINT FORM

To
The ILM / ACLM / CLM

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Subject :

Reference :

1. Name of the Complainant :
   (with address and contact no)

2. Name of the Party (Opposite) :
   with address and contact no

3. The nature and gist of the complaint
   and date of occurrence of such incident :

4. Financial amount involved :
   with supporting documents : i).
   ii).
   iii).

5. Whether any initiative taken to solve
   the issue with the party complained against :

6. Type of redressal expected :

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Signature of the complainant
(with full mailing address, fax no/ e- mail , if any)