

APPENDIX

[See rule 9 (2)]

Form for making Complaint to Ombudsman under Rule 9

1. Date of Incident _____
2. Place of Incident _____
3. Description of Incident _____
4. Person/ Institution responsible for the incident _____

Signature/ Thumb Impression of Complainant*

Name:

Date :

Mobile No./email/Fax/Address:

For Official Use only :

Unique Complaint Number :-

***Where the complaint is received telephonically and reduced to writing by the Ombudsman, the Ombudsman shall sign the Form**

**By order and in the name of the
Governor of Madhya Pradesh**