

COMPLAINT FORM

1. Name of Complainant: _____

2. Address : _____

_____ PIN _____

3. a. Telephone No. _____ b. Email: . _____

c. Fax No. _____

4. Details of complaint (Please give details of Management System of the organization against which the complaint is being sent) : _____

(Attach separate sheets if needed)

5. Documentary evidence in Support of the complaint(attach)

- i)
- ii)
- iii)

6. Declaration:

I certify that the details furnished above are true to the best of my knowledge. I agree to abide by the decision of BIS in dealing with my above complaint.

(Signature of the complainant)

Name:

Date:

Place:

[On receipt of this form from complainant, MSCO(R) shall send one copy to Head (MSCD)]