

Complaints Officer Consolidated Half-Yearly Reporting Format

Name of the State	
Name of the Establishment	
Nature of the Establishment (Education, Healthcare, Corporate etc)	
Name of the Complaints Officer	
Address of the Establishment	

	Month	No of Complaints Received	No of complaints disposed off in the stipulated time (seven working days/same day in case of emergency)	No of complaints Pending	Nature of Complaints	Action Taken
Month 1						
Month 2						
Month 3						
Month 4						
Month 5						
Month 6						
Total						