REPORTING FORMAT-COMPLAINTS OFFICER

Name of the State	
Name of the Establishment	
Nature of the Establishment	
(Education, Healthcare,	
Corporate etc.)	
Year	

CONSOLIDATED HALF-YEARLY REPORTING

	Month	No. of complaints received	No. of complaints disposed of in the stipulated time (seven working days/same day in case of medical emergency)	No. of complaints pending	Reason
Month 1					
Month 2					
Month 3					
Month 4					
Month 5					
Month 6					
Total					

DETAILED COMPLAINT LOG/INFORMATION

S. No	Month	Nature of complaint				Brief Description	Action Taken
		Healthcare Setting	Workplace Setting	Educational Setting	Community Setting		