

**FORM – II**

**Form for making Complaint to Ombudsman under Rule 9(2)**

- (1) Date of Incident -----
- (2) Place of Incident .....
- (3) Description of Incident .....
- (4) Person /Institution responsible for the incident .....
- (5) 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