

FORMAT OF CONSUMER COMPLAINT

BEFORE THE HON'BLE CONSUMER DISPUTES REDRESSAL
COMMISSION GUJARAT STATE, AHMEDABAD.

[Compliant under Section – 47, Consumer Protection Act 2019]

OR

BEFORE THE HON'BLE DISTRICT CONSUMER DISPUTES REDRESSAL
COMMISSION _____ GUJARAT STATE.

[Compliant under Section – 35, Consumer Protection Act 2019]

1. Details of the Complainant

A. Full name: _____

B. Full Address: _____

Village/District/Taluka/City

C. Mobile No: _____

D. E-Mail: _____

- If there is more than one complainant, then provide information of all complainants for Sr. No. (A to D) above.

V/s.

2. Details of the Opponent

A) Full Name: _____

B) Full Address (With PIN Code No.) _____ Village/District/Taluka/City

C) Phone / Mobile No. _____

D) E-Mail Address: _____

- If there is more than one opponent, then provide information of all opponents for Sr. No. (A to D) above.

I/We, the complainant(s) is/are humbly request to the Hon'ble State Commission/District Commission that, (Write down the details shown in para (1))

(1) Submit all the details of the Complaint i.e. how; when and where the cause of action arised (The events that took place should be mentioned in chronological order, with the details of documents.)

A. If the complaint is regarding the defect of goods /Items, or about the deficiency of service then provide details of deficiency/ type of services and date/year of purchase of goods/ service received.

B. Details of the items/goods (provide information about defect/supplying of less quantity of goods/items.)

C. Details of amount paid(The Xerox copies of Bill, Voucher, receipt, etc. be attached)

D. If any guarantee/ warranty is there, then provide the detailed information with Xerox copy.

(2) If the complaint is about to Unfair Trade Practice –

A. Show the type of unfair trade practice

B. Details of the damage suffered by the complainant. (Attach the Xerox copy of the bill/voucher/receipt etc.)

(3) State the details of the complainant's efforts to resolve his compliant with the opponent.

A. Verbal try

B. Written correspondence/notice

C. For E-Commerce related matter, Token number given by the E-commerce platform.

D. What was the result of the efforts for solution? Provide documentary evidence.

(4) The District/State Commission has the power to file complaint, because of,

A. Cause of action/residence of the complainant/place of business of the other side-opponent/residence is under the jurisdiction of the District/State Commission.

B. The claim amount is up to 1 Crore/ more than Rs. 1 Crore and up to Rs. 10 Crore. (Strike out whichever is not applicable)

- (5) Statement of the complainant that he/she has not filed any complaint in any other Court/Tribunal/Commission regarding this complaint. And if filed, what was the result? If the documentary evidence is there, state the details.
- (6) Any other details that consumer want to submit.
- (7) This complaint is filed within the limitation under Section 69 of Consumer Protection Act, 2019.

OR

- As appeal is time barred, the Delay Condone application for delay of _____ days is attached with this application. (Strike out whichever is not applicable).

(8) Prayer of the Complainant

If the complainant wants to get one of the following or any other prayer, then mention it.

- A. To get the refund of the price or charges paid.
- B. To replace the goods with new goods.
- C. To remove the defects in goods.
- D. To get compensation for deficiency in service/negligence of the opponent.
- E. To get the amount for mental torture and cost of complaint.
- F. To get the unpaid/less paid insurance claim amount with interest thereon.
- G. Details of other prayer, if any.

(If there is case of complainant to get compensation then provide the calculation regarding the compensation sought for)

(9) Details of fees paid at the time of filing the complaint

Claim amount Rs. _____
Demand Draft No. _____
RTGS/NEFT _____

Fees Rs. _____
Date _____

(10) If the complaint is to be lodged through an authorized Representative/ Advocate/ A voluntary Consumer Association registered under law then provide following details.

Name: _____

Full Address (with PIN code Number): _____

Mobile No.: _____

E-Mail: _____

(11) I _____, hereby declare that the, above mentioned information is true and correct to the best of my knowledge and belief.

Place: _____

Sign of Complainant

Encl.

1. Proof of amount deposited.
2. List of documentary evidences.
3. Vakalatnama if Advocate is engaged.