## Form VI

(see Regulation 6)

## **Complaints to the Regulatory Authority**

For Office Use Only	
	Pate of filing: Pate of [receipt at the filing counter of the Registry / receipt by post / online filing]:
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	ignature:
	egistrar:
	IN THE REGULATORY AUTHORITY'S OFFICE OF ODISHA
Be	tween
	Complainant(s)
An	ıd
	Respondent(s)
De	tails of claim:
1.	Particulars of the complainant(s):
	(i) Name(s) of the complainant:
	(ii) Address of the existing office / residence of the complainant:
	(iii) Address for service of all notices:
	(iv) Contact Details (Phone number, e-mail, Fax Number etc.):
2.	Particulars of the respondents:
	(i) Name(s) of respondent:
	(ii) Office address of the respondent:
	(iii) Address for service of all notices:
	(iv) Contact Details (Phone number, e-mail, Fax Number etc.):
3.	Jurisdiction of the Authority:
	The complainant declares that the subject matter of the claim falls within the
	jurisdiction of the Authority.
4.	Facts of the case:
	[Give a concise statement of facts and grounds for complaint]

5. Relief(s) sought:

	In view of the facts mentioned in paragraph 4 above, the complainant prays for the following relief(s)
	[Specify below the relief(s) claimed explaining the grounds of relief(s) and the legal provisions (if any) relied upon]
6.	Interim order, if prayed for:
	Pending final decision on the complaint the complainant seeks issue of the following interim order:
	[Give here the nature of the interim order prayed for with reasons]
7.	Complainant not pending with any other court, etc.: The complainant further declares that the matter regarding which this complaint has been made is not pending before any court of law or any other authority or any other tribunal(s).
8.	Particulars of [demand draft or online payment] in respect of the fee as specified inregulation 13
	(i) Amount
	(ii) Name of the bank on which drawn
	(iii) [Demand draft number / online payment transaction no.]
9.	List of enclosures:
	(i) Copies of the documents relied upon by the complainant and referred to in the complaint
	(ii) An index of documents
	(iii) Other documents as annexed along with the complaint
Sig	nature of the complainant(s)
	Verification
I	(name in full block letters), the complainant do hereby verify that the contents of
par	agraphs [1 to 9] are true to my personal knowledge and belief and that I have not suppressed any
ma	terial fact(s).
Pla	ce:
Da	te:
	Signature of the complainant(s)