



HELPFUL FOUNDATION – NGO  
www.helpful.foundation

(Established on 21st April 2017 Year)  
REGD. BY GOVT. OF NCT- DELHI UNDER The Indian Trust Act, 1882, GOVT. OF INDIA

## CONSUMER COMPLAINT FORM

“Helpful Foundation” performs several functions to protect and promote the interests of the victim/complainant, which aims to promote the welfare of people

Please note: After completing this form, send it to the Email at ( [pg@helpful.foundation](mailto:pg@helpful.foundation) )

COMPLAINT REGISTRATION NO:-  
(for office use only)

To be completed by the victim, parent/guardian or close relative of the victim.

Complaint Terms and Conditions

- List of subject/topics that cannot be treated as complaints.
- RTI Matters
- Court- related or sub judice matters
- Matters related to religious belief or faith

DATE : DD / MM / YEAR

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☐ I agree that my grievance does not fall in any of the above listed categories

We only accept refusal complaints and pending cases from authorities and departments if they are less than 30 days old.

### Consumer Complaint Details

Incident State :-	District :-	Police Station :-
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Complainant Name:	Gender:
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Address :
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District :	STATE:	PIN Code:-
Contact No.	Email Id:	Aadhar No.

### Who is your complaint directed towards?

Firm Name :	Contact Person Name:
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Address:		
District :	State :	PIN:
Contact No.	Email:	Country.

### When did the transaction or incident occur? :

Place :	Incident Date & Time {AM/PM} :
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### Product or Service Details

Product / Service Nme :	
Purchase Date :	
Invoice / Receipt No.:	



Name :

Date :

Place :

Information submitted by : (Please Tick)

Victim	Parent/Guardian	Close Relative	Other:
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Signature

Supporting documents in favour of Consumer Complaint e.g. receipt, voucher etc. (All the Annexures must be attested as True Copy on the last page with name & signature)

(i) Proof of payments of consideration paid up.

(ii) Calculation sheet of payments schedule.

(iii) Victim/ Complainant ID Proof , Address Proof and If any : (Kindy enclosed the copy)

### INJURIES

Was anyone injured ?	Yes:	No:
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**PHYSICAL INJURY:** Use this section to discuss hat physical injuries or what physical injuries or symptoms were suffered as a result of this crime. You may want to write about the extent of the injuries, how long your injuries lasted, and if you received and / o where you received medical treatment for your injuries. If more space is required, please use additional pages.

Indicate medical treatment recived. Attachment a Doctor's statement if you wish. Please tick

Treated at the scene only:	Treated at medical center:	Hospitalized for	days
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If Other (Please explain):

**EMOTIONAL / PSYCHOLOGICAL IMPACT:**

Use this section to discuss your feeling about what has happened to you as a result of the crime and how it has affected your general well-being.

**Please check below the reactions you have experienced (Please tick )**

Loss of sleep	Lack of concentration	Fear of strangers
Marital problems	Nightmares	Fear of being alone
Anger	Loss of security/control	No trust in anyone
Anxiety	Cry more easily	Thoughts of suicide
Serious change in appetite	Feeling of helplessness	Job stress
Family not as close	School Stress	Depression
Want to be alone	Fear	Fear of leaving

Other:

**VICTIM IMPACT STATEMENT:** Victim have the right to submit a victim impact statement. The "VIS" is a written, detailed account of the emotional, physical, psychological, and financial impact the crime has had on the victim and family members. This document can be used to explain your feeling of loss, frustration, and fear. Only you can provide this vital information. The victim impact statement has become a significant tool in the criminal justice process.

**VICTIM IMPACT STATEMENT**

**VICTIM IMPACT INFORMATION:** To be completed by the victim, parent/guardian or close relative of the victim. Please give any other information you believe is important about the effect of this crime on you and your family. Please do not relate any information about the crime itself; those facts are available already in other reports.

The information in this victim impact statement is true and correct to the best of my knowledge.

Name :

Date :

Place :

Information submitted by : (Please Tick)

Victim	Parent/Guardian	Close Relative	Other:
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Signature

### DECLARATION OF THE COMPLAINANT

I, \_\_\_\_\_, S/o / Spouse of \_\_\_\_\_,

hereby solemnly and sincerely affirm as follows:

1. That the statements made and the information provided by me in the application form, as well as in all accompanying documents, are true, correct, and accurate to the best of my knowledge and belief.
2. That I have not withheld any material information, nor have I provided any fraudulent or misleading information.
3. That in the event it is found, at any stage, that any information furnished by me is false, incorrect, or fraudulent in material respects:
  - My complaint shall stand cancelled/rejected without any further reference to me.
  - I may be liable for criminal prosecution under the law.
  - I shall not be entitled to claim any legal fees associated with my complaint.
  - I voluntarily and unconditionally agree to make a donation to *Helpful Foundation, Greater Noida, U.P.* and forgo any right to initiate or pursue legal action against the Foundation in this regard.
4. I further declare that I shall not move or approach any Court of Law in respect of the above matters.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the Complainant: \_\_\_\_\_

Signature of the Complainant

### DISCIPLINARY DECLARATION

I, \_\_\_\_\_, S/o / Spouse of \_\_\_\_\_,

residing at \_\_\_\_\_, do hereby solemnly declare as follows:

1. That I am provisionally submitting this complaint for necessary action regarding my matter, which occurred during the year \_\_\_\_\_ at the *Helpful Foundation (a Non-Governmental Organization)*.
2. That I undertake to abide by all rules and regulations of the *Helpful Foundation* as established in the year \_\_\_\_2017\_\_\_\_, as well as any rules that may come into force in the future.
3. That I further undertake to compensate the *Helpful Foundation* for any losses sustained due to my negligence or default.
4. That I am aware that any involvement on my part in actions that are in violation of the rules and regulations of the Foundation may result in punishment and/or disciplinary action against me.
5. That I further agree that all disputes, if any, arising between me and the Management/Administration of the *Helpful Foundation* shall be subject exclusively to the jurisdiction of the Courts at *Gautam Budh Nagar, Uttar Pradesh*, to the exclusion of all other courts.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the Complainant: \_\_\_\_\_

Signature of the Complainant

### FOR MEMBER OFFICE USE ONLY

Recive Date : \_\_\_\_\_ BY Mr./Mrs \_\_\_\_\_

Designation: \_\_\_\_\_ ID No. : \_\_\_\_\_

Place \_\_\_\_\_ Issue the Complaint No. \_\_\_\_\_

If Any Remark: \_\_\_\_\_