



DUPLICATE

CSC No
Date

Southern Power Distribution Company of T.S. Limited Customer Service Center

COMPLAINTS

SC No.....

1. Name and Address of Consumer with Telephone No.: _____

2. Nature of complaint (Please tick the relevant Complaint):

BILLING COMPLAINTS

- Additional Charges Dispute
- Arrears Dispute
- Back Billing Dispute
- Bill Correction Request
- Door Locked Cases
- Late Bill Receipt
- Meter Reading Request
- Meter Reading Not Taken
- Name Correction
- On Demand Bill Request
- Re-Billing Request
- Surcharge Dispute
- Report of Theft/Malpractice
- Wrong Billing Request

O & M COMPLAINTS

- Line Bunched / Twisted
- Line-Tree branches touching
- Pole Fell Down
- Pole Leaning
- Pole Rusted/Damaged
- Pole Shock
- SC-Wire Broken
- SC-Wire Loose Connection
- Supply Failed – 1 Phase Out
- Supply Failed - Individual
- Transformer-Cable/Lugs Burnt
- "Transformer-Oil Leaking
- "Transformer-Smoke/Flames
- Transformer-Sparking at Pole
- Voltage High
- Voltage Fluctuation
- Voltage Low
- Meter Running Slow/Sluggish
- Meter Running Fast
- Meter Struck Up
- Other Meter Defects
- Shifting of Meter
- Street Light Complaint
- Meter Burnt

APPLICATION ON OTHER CUSTOMER SERVICES

- Additional Load Complaint
- Address Correction
- Category Change
- DTR Shift
- Line Shift
- Requirement of Additional Poles
- Shifting of Service/Meter
- Title Transfer
- Report of Theft/Malpractice

CONSUMER STATEMENT

Signature of Consumer

RECORD OF THE APPLICATION

1. Sent to AE / Operation on _____	5. Informed to Consumer for payment _____
2. Received from AE / Operation on _____	6. Payment Received _____
3. Sent to AAO / ERO on _____	7. Sent to AE / OP _____
4. Received from AAO / ERO _____	8. Work completed on Date _____