**Annexure II**

**GRIEVANCE REDRESSAL FORMAT**

**(Against IPA ICAI)**

To,

The Grievance Redressal Officer,

Grievance Cell, Insolvency Professional

Agency of Institute of Cost Accountants of India, CMA Bhawan 3, Institutional Area,

Lodhi Road, New Delhi- 110003

**DETAILS OF COMPLAINANT/AGGRIEVED.**

1. Name of the complainant/ aggrieved:
2. Designation (if any) of the complainant/ aggrieved:
3. Registration Number (if any):
4. Identity of the complainant/ aggrieved/Aadhar No.
5. Name of Authorized Representative if complaint is filed on behalf of the complainant.
6. Identity of the Authorized Representative: Aadhar No
7. Complete address for correspondence with the complainant/ Authorized Representative (along with Email ID and Mobile No.):
8. Relationship, if any, with the IPA ICAI against whom the complaint/ grievance is lodged. (Please specify details):

**DETAILS OF COMPLAINT/GRIEVANCE**

* 1. Details of the conduct of IPA ICAI that has caused the suffering to the complainant/ aggrieved including date of occurrence of grievance:
	2. Details of suffering, whether pecuniary or otherwise, the complainant/ aggrieved has undergone:
	3. How the conduct of IPA ICAI has caused the suffering of the complainant/ aggrieved:
	4. Details of efforts to get the complaint/ grievance redressed from IPA ICAI and why the response, if any, of the IPA ICAI is not satisfactory.
	5. Any other relevant information:
	6. Supporting documents to the complaint/ grievance, if any (Please provide as annexures to this form)

**Verification**

I, \_ the aggrieved, do hereby declare that what is stated above is true to the best of my knowledge and belief. I also declare that subject matter of complaint/ grievance raised above is not pending before any court, tribunal, board, authority etc.

Verified today the day of , 20 \_ at .

**Date: Name and Signature of the complainant/ Aggrieved**

 **Place:**

**NOTES**

1. **Only a complaint/ grievance against IPA ICAI should be submitted.**
2. **The grievance and its enclosures should be filed in triplicate, duly signed by the Complainant/ Aggrieved and should be in English language. Any documents in Hindi or in any Regional Language should be sent along with English translation thereof, duly verified as ‘true copy’.**
3. **Grievance shall be sent to:**

Grievance Cell, Insolvency Professional Agency of Institute of Cost Accountants of India, CMA Bhawan 3, Institutional Area,

Lodhi Road, New Delhi- 110003

**and/or E-mail:** **gro@ipaicmai.in**