**Annexure-I**

**GRIEVANCE REDRESSAL FORMAT**

**(Against Professional Member of 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 AGGRIEVED**

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

**DETAILS OF PROFESSIONAL MEMBER AGAINST WHOM COMPLAINT/REDRESS IS SOUGHT**

1. Name of Professional Member:
2. Registration Number (if available):
3. Name of the Entity (if any):
4. Complete address for correspondence of the professional member/ (along with Email ID and Mobile No.):

**DETAILS OF COMPLAINT**

1. Name of the Corporate Debtor/ Debtor (Individual and Partnership Firm) and details of the case viz., case name, case number, location of National Company Law Tribunal (NCLT)/ National Company Law Appellate Tribunal (NCLAT), relevant order passed by NCLT/NCLAT, if any, to which the complaint/ grievance relates:
2. Details of the act contravening the provisions of code, rules, regulations, circulars, notifications, conduct of Professional Member that has caused the suffering to the complainant/ aggrieved including date of occurrence of complaint/:
3. Details of suffering, whether pecuniary or otherwise, the complainant/ aggrieved has undergone:
4. How the conduct of Professional Member has caused the suffering of the complainant/ aggrieved:
5. Is complaint filed within 45 days of occurrence of the cause of action for the complaint? If not explain the reason for delay.
6. Details of efforts to get the complaint/ grievance redressed from Professional Member as the case may be and why the response, if any, of the Professional Member is not satisfactory.
7. Any other relevant information:
8. Supporting documents to the complaint/ grievance, if any (Please provide as annexures to this form)
9. Details of Fees Paid (Proof of Fees Paid Rs. 2500/-):
10. Whether the complainant wishes to keep his identity confidential?
11. List of documents attached

**Verification**

I, \_ the complainant/ 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:**

**NOTE:**

* + 1. **Only a complaint/ against Professional Member enrolled with IPA ICAI should be submitted.**
    2. **The complaint/ 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**](mailto:gro@ipaicmai.in)