



**Southern Power Distribution Company of T.G. Limited**  
**Customer Service Center**  
**COMPLAINTS**

SC No...../ CSC No ...../ Date .....

1. Name and Address of Consumer with Telephone No.: \_\_\_\_\_

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

**BILLING COMPLAINTS**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Additional Charges Dispute | <input type="checkbox"/> Late Bill Receipt       | <input type="checkbox"/> Wrong Billing Request   |
| <input type="checkbox"/> Arrears Dispute            | <input type="checkbox"/> Door Locked Cases       | <input type="checkbox"/> Name Correction         |
| <input type="checkbox"/> Back Billing Dispute       | <input type="checkbox"/> Meter Reading Not Taken | <input type="checkbox"/> Bill Correction Request |

**O & M COMPLAINTS**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Line Bunched / Twisted      | <input type="checkbox"/> Supply Failed – 1 Phase Out [ | <input type="checkbox"/> Voltage Low           |
| <input type="checkbox"/> Line–Tree branches touching | <input type="checkbox"/> Supply Failed - Individual    | <input type="checkbox"/> Wrong Billing Request |
| <input type="checkbox"/> Pole Fell Down              | <input type="checkbox"/> Transformer-Cable/Lugs Burnt  | <input type="checkbox"/> Meter Running Fast    |
| <input type="checkbox"/> Pole Leaning                | <input type="checkbox"/> Transformer-Oil Leaking       | <input type="checkbox"/> Meter Struck Up       |
| <input type="checkbox"/> Pole Rusted/Damaged         | <input type="checkbox"/> Transformer-Sparking at Pole  | <input type="checkbox"/> Other Meter Defects   |
| <input type="checkbox"/> Pole Shock                  | <input type="checkbox"/> Voltage High                  | <input type="checkbox"/> Meter Burnt           |
| <input type="checkbox"/> SC-Wire Loose Connection    | <input type="checkbox"/> Voltage Fluctuation           | <input type="checkbox"/> DTR Shift             |

**APPLICATION ON OTHER CUSTOMER SERVICES**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Additional Load Complaint | <input type="checkbox"/> Service Dismantle/Bill stop     | <input type="checkbox"/> Shifting of Service/Meter   |
| <input type="checkbox"/> Address Correction        | <input type="checkbox"/> Line Shift                      | <input type="checkbox"/> Title Transfer              |
| <input type="checkbox"/> Category Change           | <input type="checkbox"/> Requirement of Additional Poles | <input type="checkbox"/> Report of Theft/Malpractice |

**CONSUMER STATEMENT:**

**Signature of Consumer**