



Customer Appeal Form

Customer Name:	Customer Address:
Customer Phone number:	Customer Account number:
Alternate contact number :	City / State:
E mail ID :	Date of Issue Occurrence:

Nature of Complaint:

Activation	<input type="checkbox"/>	Billing	<input type="checkbox"/>	Value Added Services	<input type="checkbox"/>
Fault Repair	<input type="checkbox"/>	Service disruption	<input type="checkbox"/>	Termination	<input type="checkbox"/>
Others	<input type="checkbox"/>	_____			

Previous Docket Details:

Docket number allotted by Tata Docomo Customer Care _____

Date of decision by Tata Docomo Customer Care _____

Details _____

Appeal to the Appellate Authority:

Summary _____

Details _____

Details of Proof/documents attached _____

Customer's Signature _____ Date _____