

**DDMA, SIVASAGAR**  
**FEEDBACK FORM FOR PUBLIC**



1. Name : \_\_\_\_\_
2. Address : \_\_\_\_\_
3. Age : \_\_\_\_\_
4. Cont. No. : \_\_\_\_\_
5. Revenue Circle: \_\_\_\_\_
6. Type of Disaster: \_\_\_\_\_
7. Date of occurrence: \_\_\_\_\_
8. Details of Grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Date of submission of Grievance: \_\_\_\_\_
10. To whom grievance submitted: \_\_\_\_\_
11. Reporting type (petition/ Phone/ Whatsapp/ others): \_\_\_\_\_
12. Response received (in days): \_\_\_\_\_
13. Details of support received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Rating :- (Tick the appropriate box)

Excellent	Very Good	Good	Fair	Poor
-----------	-----------	------	------	------

Date:-

Place:-

  
(Signature)

**\*\* To be submitted to the O/O the concerned Circle Officer**