CIRCLE LEVEL MONTHLY FEEDBACK FORMAT FOR THE MONTH OF _____

Name of Revenue Circle:_____

Sl. No.	Date	Type of Disaster during the month	Total people affected	Total grievances received (including suo-moto)	Action taken	Total grievances readdressed (including suo-moto)	Total feedback received	Average Grade on feedback A- Excellent B- Very Good C- Good D- Fair E- Poor

F.O, _____ Revenue Circle

Circle Officer,_____ Revenue Circle