

Letter Ref No: _____ (To be filled by MLA Office)

Date:

Grievance Letter

Full Name-

Address / Colony Name-

Ward Number / Block Name/panchayat-

Name of the Constituency-

Contact Number-

Email Address-

Date:

To,

The Honorable Member of Legislative Assembly

Kamal Seva Kendra,154 Golambar-Jaso road, buxar-802101

Respected Sir,

Details of the Grievance:

Prior Actions Taken (If applicable):

Request for Action:

Yours faithfully,

Enclosures (Attachments):