



Indian Film & Television Directors' Association

COMPLAINT FORM

Hon. Secretary General
IFTDA
Mumbai - 400 053

Date: _____

Dear Sir,

Kindly register my complaint as per the following details. Relevant Documents are enclosed for your reference. I will abide by the declaration signed overleaf.

NAME OF COMPLAINANT :

CATEGORY (Tick) : Assistant Director / Director / Assistant Creative Director/ Creative Director/ Associate Creative Director / Casting Director/ Assistant Casting Director

MEMBERSHIP NO. : **VALIDITY:**

CONTACT DETAILS : **PHONE NO.:** **EMAIL :**

ADDRESS : _____

NAME OF THE PRODUCER: **BANNER:**

CONTACT DETAILS: **EMAIL :**

ADDRESS:

NAME OF THE PICTURE/TV SERIAL/ AD FILM :

NAMES OF ARTISTES:

KEY TECHNICIANS:

**COMPLAINT (Tick): REMUNERATION DUES / VIOLATION OF CONTRACT /
WORKING WITHOUT NOC/ ANY OTHER REASON**

SETTLED AMOUNT:

AGREEMENT : YES / NO

WORKED FROM:

WORKED UPTO:

RECEIVED BY CASH/CHEQUES:

BALANCE RECOVERABLE AMOUNT:

ENCL

DECLARATION

I solemnly affirm and declare that my complaint and the above details are true and correct to the best of my knowledge and belief and nothing has been concealed from Indian Film & Television Directors' Association.

I hereby authorize IFTDA/FWICE/Joint Dispute Settlement Committee acting through its' office bearers to negotiate and receive the recovery amount from the Producer on my behalf. I agree to abide by any decision/ settlement of IFTDA/ FWICE/ Joint Dispute Settlement Committee.

I further agree and undertake that I shall not proceed in a Court of Law till my complaint awaits decision by IFTDA's - Dispute Settlement Committee, Federation of Western India Cine Employees and/or the Joint Dispute Settlement Committee as proposed by IFTDA.

I undertake not to deal with or receive any amount directly or indirectly from the Producer.

I further agree and assure that I shall be solely responsible for payment of 5% service charges on the recovery amount.

That I have given the above declaration of my own volition and is irrevocable.

Dated :

(Signature of Complainant)

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