

No.D.11011/8/2023-CMO(Lti)/MHSSP/DHT  
GOVERNMENT OF MIZORAM  
OFFICE OF THE CHIEF MEDICAL OFFICER  
LAWNGTLAI DISTRICT, LAWNGTLAI

Dated Lawngtlai the 18<sup>th</sup> July, 2024

To,

**The Director of Health Services,**  
Department of Health and Family welfare  
Mizoram, Aizawl

Subject: Submission of Grievance Report for 3<sup>rd</sup> year. 2<sup>nd</sup> Quarter.

Sir,

I have the honour to submit herewith the compiled grievance report for the month of *April*, *May* and *June* from 5 IPA facilities (Chawngte CHC, Bungtlang South PHC, Bualpui NG PHC, S. Lungpher PHC and Sangau PHC) under Chief Medical Officer, Lawngtlai District.

This is for your kind information and perusal.

Encl: As above

Yours Sincerely,


(Dr. DAVID ZOTHANSANGA)  
Sr. Chief Medical Officer  
Lawngtlai District, Lawngtlai

Dated Lawngtlai the 18<sup>th</sup> July, 2024

Memo No.D.11011/8/2023-CMO(Lti)/MHSSP/DHT

Copy to:

1. The project Director, Mizoram Health System Strengthening System Project, for Kind information.
2. Office file.

  
(Dr. DAVID ZOTHANSANGA)  
Sr. Chief Medical Officer  
Lawngtlai District, Lawngtlai

**DISTRICT GRIEVANCE REDRESSAL COMMITTEE  
LAWNGTLAI DISTRICT**

**MONTHLY GRIEVANCE REPORT**

Reporting Month: April 2024

S.no	Name of Facility	Grievances	Action / Follow up
1.	Chawngte CHC	NIL	NIL
2.	Bungtlang 'S' PHC	NIL	NIL
3.	S. Lungpher PHC	There is a suggestion to change signage colour by uniformly. i.e white on red.	It should be finished before the end of this quarter. i.e Year 3, 2 <sup>nd</sup> quarter.  In charge: -Dr. Lalchamliana
4.	Sangau PHC	NIL	NIL
5.	Bualpui NG PHC	NIL	NIL

**DISTRICT GRIEVANCE REDRESSAL COMMITTEE  
LAWNGTLAI DISTRICT**

**MONTHLY GRIEVANCE REPORT**  
Reporting Month: May 2024

S.no	Name of Facility	Grievances	Action
1.	Chawngte CHC	NIL	NIL
2.	Bunglang 'S' PHC	NIL	NIL
3.	S. Lungpher PHC	NIL	NIL
4.	Sangau PHC	NIL	NIL
5.	Bualpui NG PHC	NIL	NIL

**DISTRICT GRIEVANCE REDRESSAL COMMITTEE  
LAWNGTLAI DISTRICT**

**MONTHLY GRIEVANCE REPORT**  
Reporting Month: June 2024

S.no	Name of Facility	Grievances	Action to be taken with timeline
1.	Chawngte CHC	NIL	NIL
2.	Bungtlang 'S' PHC	NIL	NIL
3.	S. Lungpher PHC	NIL	NIL
4.	Sangau PHC	NIL	NIL
5.	Bualpui NG PHC	NIL	NIL