

**FORM 6**

[Rule 9(1)]

**Complaint under section 17 where the complainant is a woman entitled to the benefits**

To  
THE INSPECTOR,

Sir,  
I, ..... employed in ..... having fulfilled the conditions laid down in the Maternity Benefit Act, 1961, and the rule thereunder is entitled to Rs..... as maternity benefit/and Rs. .... as medical bonus/and Rs..... as wages in respect of the leave admissible to me under section 9/ section 10/section 9 and 10. The said amount has been improperly withheld by my employer. He may, therefore, be ordered to pay the said amount to me.

Date.....

woman.  
Signature of an attester in case the Woman is unable to sign, and affixes thumb impression.

Signature or thumb impression of the

Full address of the woman.

Strike off if not applicable.