

Complaint Form - Caste based Discrimination

1. Name of the Complainant (Student/Faculty Member/Employee).....

..... Address

.....

..... Class Mobile No

Category : SC /ST/Others.....

2. Name / details of the Person/s against whom complaint is made

.....

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3. Complaint in detail, if necessary detailed complaint may be enclosed

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4. Enclose supporting document/s, if any

1.

2.

3.

Signature of the Complainant

(Submit)

