

## Complaint form for Caste Based Discrimination against SC/ST/OBC/Students/Faculty/Non-Teaching Staff

|                                   |                | •        | 0                    |             |
|-----------------------------------|----------------|----------|----------------------|-------------|
| Name of the Complaint             |                |          |                      |             |
| (In Block letters)                |                |          |                      |             |
| For Students                      | Roll No.       | Course   | I/II                 | Year (2020) |
|                                   |                |          |                      |             |
| For Faculty/Non-Teaching          | Designation    |          | Official Employee ID |             |
| Staff                             |                |          |                      |             |
| Postal Address                    |                |          |                      |             |
|                                   |                |          |                      |             |
| Contact Details                   | Mobile No.     | Email ID |                      | Aadhar No.  |
|                                   |                |          |                      |             |
| Details: Against whom com         | plaint is made |          |                      |             |
| Name                              |                |          |                      |             |
| Contact                           | Mobile No.     |          | Email ID             |             |
|                                   |                |          |                      |             |
| Discrimination Pertains to        |                |          |                      |             |
| SC/ST/OBC                         |                |          |                      |             |
| Nature of Complaint (In           |                |          |                      |             |
| brief) with details of<br>Accused |                |          |                      |             |
| Details of the incident           | Date           | Time     |                      | Place       |
| Details of the merdent            | Date           |          |                      |             |
| Details of the witness of         |                |          |                      |             |
| the incident                      |                |          |                      |             |
|                                   |                |          |                      |             |
| Number of Attachment of           |                |          |                      |             |
| Evidences (If any)                |                |          |                      |             |
|                                   |                |          |                      |             |
| Signature and Date                |                |          |                      |             |
|                                   |                |          |                      |             |
| 1                                 | 1              |          |                      |             |

## **Instructions:**

Complainant must download this proforma, fill it up legibly, duly sign and send it to the Chairperson. Once the form is filled then save it and send it as an attachment to e-mail ID:

ssbcollege@yahoo.com