

Bharati Vidyapeeth's
Dr. Patangrao Kadam Mahavidyalaya, Sangli
INTERNAL COMPLAINT COMMITTEE
COMPLAINT FORM

Part A (Information about Complainant)

Student/resident/academic staff/ non-teaching staff/outsider/service provider

Name	
Age	
Sex	
Address	
Aadhar Number	
Mobile number	
Email	
Day and Date	

Part B(Person(s) against whom the complaint is being lodged)

Student/resident/academic staff/ non-teaching staff/outsider/service provider

(If Student Mention class)

Name	
Age	
Sex	
Mobile number (Not Mandatory)	
Address (Not Mandatory)	

Part C Brief Description About Complaint

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I hereby declare that the information provided above is correct to my knowledge . I know that I shall be held responsible for furnishing any wrong information.

Complainant Signature

Complaint received by:

Name of the faculty:

Designation:

Mobile Number :

Signature: