

**SANPADA COLLEGE OF COMMERCE AND TECHNOLOGY**

**INTERNAL COMPLAINT COMMITTEE**

**COMPLAINT FORM**

**COMPLAINANT DETAILS**

(Student/ Teaching staff/ Non-teaching staff)

Name of the person: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of admission/joining: \_\_\_\_\_

Detailed Address: \_\_\_\_\_  
\_\_\_\_\_

Contact number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Class: \_\_\_\_\_ Division: \_\_\_\_\_ PRN number: \_\_\_\_\_

**ACCUSED DETAILS**

Name of the person: \_\_\_\_\_

**DETAILS OF COMPLAINT**

**CERTIFICATION**

I hereby certify that I am the named complainant and that the above statements are true.

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

