VIVEK COLLEGE OF EDUCATION, BIJNOR

Internal Complaints Committee

COMPLIANT FORM

(Confidential)

Name	:		
Class (Student/Teach	ing/ Non-teaching/ IV th Class):		
Victim	:		
Contact Number	ŧ		
Mail ID	i		
Accuser	1		
Class (of accuser)	:		
Compliant	:		
Time:	¥ *		
Date :		(40)	Signature