

Hindu Kanya Mahavidyalaya, Jind

Caste Based Discrimination Complaint Form

Name: _____ Contact Number: _____ Email Address: _____

Status: _____ Class/Designation: _____ Roll No: _____

(Student/ Staff/ Other):

(if student)

Details of Complaint: _____

Date of Incident: _____ Location of Incident: _____

Name(s) of the Person(s) Involved: _____

Is the Complaint Related to a College System? [] Yes [] No

If Yes, Please Specify the College System: _____

(e.g., Students/ Teachers/ Non-teaching Staff, etc.)

Detailed Description of Complaints: _____

Supporting Documents: _____

(Attached photographs/ emails/ other evidence)

Action Taken So Far: _____

(If you have taken any prior action to address this complaints

please describe it here.)

Declaration:

I declare that the information provided in this Caste Based Discrimination Complaint Form is true and accurate to the best of my knowledge. I understand that this form will be reviewed by the Equal Opportunity Cell, and I agree to cooperate in any investigation or inquiry related to this complaint.

Signature: _____

Date: _____