FORMAT FOR LODGING COMPLAINT OF CASTE BASED DISCRIMINATION BY SC/ST/ STUDENTS / FACULTY / NON-TEACHING STAFF

Instructions:

The complainant must download this proforma, fill it out legibly, duly sign it and send it to The Liaison Officer, SC/ST Cell.

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| Name of the Complainant(in Block Letters) |   |
| For Students | Department /Course |  |
| Registration / Roll No |  |
| For Faculty / Non-Teaching Staff | Designation & Official Employee ID |  |
| Contact Details (Postal Address)with Mobile Number and Email ID |  |
| Discrimination Pertains to(SC/ST) |  |
| Nature of the Complaint (in brief) with Details of Accused: |  |
| Date, Time and Place of theIncident |  |
| Details of Witness of theIncident |  |
| Number of Attachment ofEvidences (if any) |  |
| Signature and Date |  |

***Contact: Liaison Officer, SC/ST cell Mobile no.: 7896863811 Email:*** ***scst.cell@cit.ac.in***