

PROPOSED NEW FORMAT OF APPLICATION OF ANTI_RAGGING CELL
PROPOSED BY: Shri Pallav Kumar Saha Choudhury
ANTI-RAGGING CELL COMPLAINT FORMAT

Section A: Complainant Details

NAME OF THE APPLICANT

(USE ALL CAPITAL LETTERS):

Gender: Male/ Female/ Other (Please specify):

Student of which Program: BA/ B SC/ B COM HONS/ GEN

If student of HONS, then You are a student of which Department:

BNGA/ EDCA/ ENGA/ HISA/ PLSA/ CMSA/ PHSA/ MTMA/ B.COM HONS

Contact Information:

Phone Number:

Email Address:

Section B: Details of the Complaint

Date(s) of Incident(s):

Time(s) of Incident(s):

Location(s) of Incident(s):

Name(s) of the person(s) against whom the complaint is being filed:

Person 1:

Person 2: (if applicable)

Person 3: (if applicable)

Nature of Complaint:

MENTAL PRESSURE/ PHYSICAL TORTURE/ ETC

Other (Please specify):

Detailed Description of the Incident(s):

You can use a separate page for the description of the issue. (Here provide a detailed description of the incident(s) including the sequence of events, any conversations that took place, and the impact it had on you.)

Witnesses (if any):

Name:

Contact Information:

Relationship to Complainant:

Section C: Supporting Evidence

Supporting Documents/Evidence: (Please list and attach any supporting documents or evidence such as emails, text messages, photographs, or any other relevant material.)

Section D: Resolution Sought

What resolution or outcome are you seeking? (Please specify your expectations from the committee, such as disciplinary action, mediation, counselling, etc.)

Section E: Declaration

Declaration: I hereby declare that the information provided in this complaint is true and accurate to the best of my knowledge and belief. I understand that providing false information may result in disciplinary action.

Signature of Complainant:

Date:

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Section F: For the use of ANTI RAGGING CELL Only

Date of Receipt of Complaint:

Complaint Number: of the AY

Action Taken:

Acknowledgment Sent on:

Investigation Initiated on:

Resolution Date:

Remarks:

Final status of the complaint: Resolved on: /

NOT RESOLVED BY THE INTERNAL CELL and SENT TO HIGHER

AUTHORITY: Date of Forwarding the Complaint:

Please submit the completed form to the Anti-Ragging Cell dropbox.
For any assistance in filling out the form, you may contact any member of the Anti-Ragging Cell.

Note: The information provided in this form will be kept confidential and will only be used to investigate and resolve the complaint.