S.S. College, Shahjahanpur (U.P.)

SC/ST/OBC and Minority Welfare Cell (Equal Opportunity Centre)

DISCRIMINATION COMPLAINT FORM

Name of the Complainant : _____
शिकायत कर्ता का नाम

Age : _____

Male/Female : _____

Course/Department : _____

Roll No./Employee Code : _____

Category (SC/ST/OBC) : _____

Complaint against (Name) : _____

Brief Description of Complaint : _____
शिकायत का संक्षिप्त विवरण

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Date: **Signature**

(Note: Download this form from the website and submit the hard copy to the chairman of SC/ST/OBC and Minority Welfare Cell at Equal Opportunity Centre of the College.)