

INTERNAL COMPLAINT COMMITTEE
COMPLAINT REGISTRATION FORM

Details of the Complainant(s)

Name	
Age	
Gender	
Position held	
School	
Contact no	
Email id	
Address	

Details of the person(s) against whom a complaint is being lodged:

Name	
Age	
Gender	
Position held	
School	
Contact no	
Email id	
Address	

Details of the Incident:

Sr No	Date	Timings	Place	Incident's Description

Any additional description by the Complainant:

Additional Information:

Is there any eye witness regarding this incident: Yes / No

Is this the first time you faced this kind of incident: Yes / No

If yes

Was the accused person the same: Yes/No

Would you like to lodge any other previous incident: Yes / No / NA

If Yes, specify the details of previous incident:

Complaint file by

Name:

Signature:

Date:

Place:

Note: Within 24 hours of its online submission, this complaint must be physically validated at the ICC office by the complainant(s) in order for it to be processed by the committee.