



VANITA VISHRAM WOMEN'S UNIVERSITY

Anti-Ragging Committee

Complaint Form

Full Name	
Class/Faculty/Dept.	
University Enrol No.	
Contact No.	
E-mail	
Address	
Complaint (Detailed Information about the incident, date, time and those involved)	

Date and Signature of the complainant _____

Name & Signature of Receiver _____ Date _____

Signature of Chairperson _____ -

Action Taken Report: to be attached