

St. Mira's College for Girls - Caste-based Discrimination Grievance Form

For offline/ hardcopy submission of a complaint of Caste-based Discrimination, students may print, fill and submit this form in hardcopy, with all supporting documents, to the coordinator of the grievance cell, Ms. Suhaile Azavedo, at the English Department cubicle, on Tuesdays and Thursdays from 11.00 to 11.30 am

Before completing this form, make sure you have carefully read the Grievance Policy and Procedure Document, available on the college website.

For online submission of a complaint of Caste-based Discrimination, please fill the webform available on the College website. Kindly scan and attach all supporting documents.

*** Required**

Personal Details

1. Full Name *

2. E-mail ID *

3. Mobile No. *

4. Present Address *

5. Permanent Address *

Programme/ Course

6. Programme *

Check all that apply.

- B.A.
- B. Com
- B.B.A.
- B.B.A (CA)
- B.Sc. (CS)
- M.A.
- M. Com.
- M.Sc (CS)

Other: _____

7. Subject/ Specialisation/ Academic Year *

8. Division *

9. Roll Number *

Complaint
Details

In the complaint kindly name the persons indulging in the act of Caste-based Discrimination; please describe the specific act(s) of discrimination; mention the location(s) of the incident(s) along with date(s) and approximate time(s) wherever possible. If there are witnesses to the incident, please provide their names and phone numbers. Provide any additional information and comments deemed necessary (use a separate sheet if required and upload the same).

10. Date of incident leading to discrimination complaint: *

Example: January 7, 2019

11. Time of incident leading to discrimination complaint: *

Example: 8:30 AM

12. Place of incident leading to discrimination complaint: *

13. Description of the Caste-based Discrimination incident *

14. Kindly attach all supporting documents along with the form. Please list the documents attached. *

Check all that apply.

- 1
- 2
- 3
- 4
- 5

Declaration - By completing this form, you are making a formal complaint.

15. Please tick both the boxes *

Check all that apply.

I hereby declare that the information/documents provided above is correct.

I shall be responsible for furnishing any wrong information/document.

16. Signature of the person making the report: *

17. Date *

Example: January 7, 2019

18. Place *

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