



**JAN NAYAK CH. DEVI LAL MEMORIAL COLLEGE**  
Affiliated to Ch. Devi Lal University, Sirsa  
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**Complaint Form : SC/ST/OBC/PWD**  
**(For Staff and Students)**

**COMPLAINANT INFORMATION**

Name		Roll No/ Designation	
Department		Semester	
E-Mail ID		Mobile Number	
Correspondence Address			

**COMPLAINT DETAILS**

Complaint being filed against (Tick any one)		
<input type="checkbox"/>	Student	
<input type="checkbox"/>	Faculty	
<input type="checkbox"/>	Staff	
<input type="checkbox"/>	Others	

Name of the person against whom complaint is filed		
Department		
Date/Time/Place of Incident		

Describe your complaint(attach additional pages, if required)

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Signature of Complainant	Date	Diary Number