PATUCK-GALA COLLEGE OF COMMERCE

RAGGING COMPLAINT

(To be filled by the student)

Student Details -

Name of the Student (Complainant):_____

Gender:_____**Email ID:**_____

Student Contact No.:_____ **Parent Contact No.:**_____

Program (Class):_____**Div:**_____ **Roll No.:**_____ **Year:**_____

Incident Details -

Date & Time of Incident:_____

Place of Incident: ☐ **Classroom** ☐ **Canteen** ☐ **Playground** ☐ **Other (Specify):** _____

Name(s) of the person(s) involved (if known):_____

Description of the incident (Please describe in detail what happened):_____

_____

_____

_____

Signature of Student (Complainant):_____ **Date:**_____

For Office Use Only

Complaint Received By (Name & Designation):_____

Date & Time Received:_____

Action Taken / Remarks:_____

_____

_____

Signature of Anti-Ragging Committee Member:_____

Student can email this Form to anti-ragging@patuck.edu.in or submit the Hard Copy to Anti-Ragging Committee Convenor

On receiving the email, the Anti-Ragging Committee will contact you