



BIR LACHIT BORPHUKAN COLLEGE, SIVASAGAR -785640

To

The Chairman

Grievance/Anti-Sexual Harassment /Anti-Ragging Committee
(Please tick whichever is applicable)

COMPLAINT FORM

Complainant :

Class and Contact Details :

**Against whom complain
Is submitted and contact details** :

Details of the Complaint :
(Use a separate sheet,
If you need extra space)

Time :

Date :

Signature

