

Shri.Gopinath Mahadeo Vedak Pratishtan's

G. M. Vedak College of Science, Tala

At & post - Tala, Taluka – Tala, Dist – Raigad- 402 111

Complaint Form

Full Name: _____ Date:_____

Phone No. _____

Status: Student/Teacher/ Non-Teaching Staff: (Please put (√) mark on which is applicable)

Department: _____

Address: _____

Complaint Information:

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Please describe the incident in detail:

Do you have any suggestions for resolving the complaint? If so, please explain.

Signature

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STUDENT / TEACHER / NON-TEACHING

Complaint Form

Last Name:	First Name:	Middle Name:
Address:		
Class:	Mobile No.:	E-mail:
Date of Complaint:	Complaint:	

Signature