

CENTRAL SANSKRIT UNIVERSITY
Internal Complaint Committee
 56-57, Institutional Area, Janakpuri, New Delhi, 110058

Complaint Form
For Filing of Complaints

1. Complainant(s):

Designation			
Name			
Age		Sex	
Campus/Headquarter Office			
Programme / Department/Section			
Phone Number		Alternate Phone No.	
Email Id			

2. Person(s) against whom the complaint is being lodged:

Designation			
Name			
Age		Sex	
Campus / Headquarter Office			
Programme / Department / Section			
Phone Number		Alternate Phone No.	
Email Id			

3. The Complaint:

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Additional details of the complaint may be recorded here:

Complaint filed by:

Name:

Date:

Signature:

Place: