

# SC/ST/OBC Caste Discrimination Complaint

1	Name of Complainant	<input type="text"/>
2	Complainant's Status	Student <input type="checkbox"/> Employee <input type="checkbox"/>
3	Father's Name	<input type="text"/>
<small>(If Complainant is a student then also fill point 3 (i) and 3 (ii))</small>		
3 (i)	Class	<input type="text"/>
3 (ii)	Year and Session	<input type="text"/>
4	Mobile No.	<input type="text"/>
5	Email ID	<input type="text"/>
6	Address	<input type="text"/>
7	Aadhar No./ ID No.	<input type="text"/>
<hr/>		
8	Complaint against	Student <input type="checkbox"/> Employee <input type="checkbox"/>
9	Name of Complainee	<input type="text"/>
10	Designation (if Employee)	<input type="text"/>
11	Class & Year (if Student)	<input type="text"/>
12	Complaint Detail (Max. 100 Words)	<input type="text"/>

Date:

Place:

**Signature of Complainant**