PRAVARA INSTITUTE OF MEDICAL SCIENCES
(DEEMED TO BE UNIVERSITY)

ANTI DISCRIMINATION CELL COMPLAINT FORM

SECTION ONE : COMPLAINT INFORMATION			
1	Name (last. First, middle) :		
2	Mailing Address :	3. City :	4. State :
5	Zincode/ Pincode :	6. Telephone Number :	
7	E mail Address :		
8	Are you filling on behalf of another person ? _____ Yes _____ No (If no, proceed to section two)		
9	Name of person on whose behalf complaint is being filed (if known) :		
SECTION TWO : WITNESS INFORMATION (IF ANY)			
10	Did someone witness the event for which the complaints is being filed? _____ Yes _____ No (If no, proceed to section three)		
11	Witness Name (last, first, middle) :		
12	Witness Contact Information :		
SECTION THREE : ALLIED DISCRIMINATOR INFORMATION			
13	Name of person complaint is against (last, first, middle):		
14	Title of person complaint is against :		
SECTION FOUR : ALLIED DISCRIMINATORY OR RETALITORY CONDUCT			
16	Is the complaint based on (choose one or both) : _____ Discrimination in employment services based on one of the following : race, color, national origin, sex, religion, age or disability. _____ Retaliation for engaging in a protected activity.		
17	Explanation (use additional pages if necessary) :		
SECTION FIVE : AFFIDAVIT OF OATH			
BY SIGNING THIS FORM, I AFFIRM THAT I AM THE COMPLAINANT AND THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
18	Signature :	Date :	