

L. M. COLLEGE OF PHARMACY

Proforma for Filing of Complaints to Equal Opportunity Cell

I. Complainant(s):

Student/ academic staff/non-teaching staff/outsider/service provider

Name	
Enrollment number/Designation	
Age	
Sex	
Department	
Mobile number	
Email	

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

Student/ academic staff/non-teaching staff/outsider/service provider

Name	
Enrollment number/Designation	
Age	
Sex	
Department	
Mobile number	
Email	

III. The Complaint:

1. Is the defendant known to the complainant?	
2. Is this the first incident of this kind? If yes, skip 3 and 4.	
3. Were exactly the same person(s) involved? If no, specify further.	

4. Was the first incident reported ? To whom? When? What action ,if any was taken?	
5. Approximate date(s),time (s)and location(s)of incident(s), starting from the most recent.	

Additional details of the complaint may be recorded here:

Complaint filed by

Signature:

Date:

This filled form is directly submitted to The Principal, L. M. College of Pharmacy, Ahmedabad.