

Place: _____

BIHAR AGRICULTURAL UNIVERSITY, SABOUR, BHAGALPUR SC/ST CELL

FORMAT FOR FILING A COMPLAINT AGAINST CASTE DISCRIMINATION

I. Details of the Complainant(s):

Name		
(In capital letters) Age		
Gender	Male: [] Female: []	(Please tick)
Category	SC: [] ST: []	(Please tick)
Whether Student or Employee		
Department/ College/ Centre/ Office		
Contact Address		
Mobile Number		
Email		
Name (In capital letters)		
Department/ College/ Centre/ Office		
Contact Address		
Mobile Number		
Email		
Srief description of the comp		
. Any other relevant informat	ion:	
Date:	_	

Signature of Complainant