

**Women's Grievance Redressal Cell /Internal Complaint  
Committee  
Durga Mahavidyalaya  
Raipur C.G**

**COMPLAINT FORM**

**Name of the Staff/Student :**

**Employee/Student:**

**Mother's/Father's Name (Full Name):**

**Mail Id:**

**Mob No:**

**Grievances faced:**

(Gender based violence/ Sexual discrimination/harassment )