

**CENTRAL SANSKRIT UNIVERSITY**  
**Internal Complaint Committee**  
 56-57, Institutional Area, Janakpuri, New Delhi, 110058

**Complaint Form**  
**For Filing of Complaints**

**1. Complainant(s):**

Designation			
Name			
Age		Sex	
Campus/Headquarter Office			
Programme / Department/Section			
Phone Number		Alternate Phone No.	
Email Id			

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

Designation			
Name			
Age		Sex	
Campus / Headquarter Office			
Programme / Department / Section			
Phone Number		Alternate Phone No.	
Email Id			

**3. The Complaint:**

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Additional details of the complaint may be recorded here:

**Complaint filed by:**

**Name:**

**Date:**

**Signature:**

**Place:**