



भारतीय प्रबंध संस्थान तिरुचिरापल्ली
INDIAN INSTITUTE OF MANAGEMENT TIRUCHIRAPPALLI
(An Institute of National Importance, Ministry of Education, Government of India)

SC/ST/OBC 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: [] OBC: [] (Please tick)
Whether Student or Employee	
Department/ Class / Office	
Contact Address	
Mobile Number	
Email	

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

Name (In capital letters)	
Department/ Class / Office	
Contact Address	
Mobile Number	
Email	

III. Brief description of the complaint:

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IV. Any other relevant information:

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Date: _____

Place: _____

Signature of Complainant