

**KALIKADEVI ARTS, COMMERCE AND SCIENCE COLLEGE,
SHIRUR KASAR,
TQ. SHIRUR KASAR, DIST. BEED**

INTERNAL COMPLAIN COMMITTEE GRAIVANCE FORMAT

NAME OF THE COMPLAINANT -----

ADDRESS / CONTACT NO.-----

NATURE OF COMPLIANT -----

UNDERTAKING

I here declare that the information furnished above by me is true and accurate. Further, I understand that disciplinary action can be taken against me if the above allegations are found incorrect or malicious

Signature of the Complainant

Date:

Place: