



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A++' Accredited by NAAC

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FORMAT FOR LODGING A COMPLAINT OF CASTE-BASED DISCRIMINATION

(For SC/ST/OBC Students / Teachers / Non-Teaching Staff)

Instructions: Complainant must download this proforma, fill it up, duly sign and send its scanned copy to the Registrar's email: registrar@mgmuhs.com

Complainant will get an acknowledgement on receipt of their email by Registrar.

Subject: Complaint Regarding Caste-Based Discrimination

Name of the Complainant: [Full Name]
Category (SC/ST/OBC):
Designation / Role: <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Non-Teaching Staff
-For Students: PRN no. Course: Year:
-For Staff: Name of the Department:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Contact Information: - Mobile No.: - Email ID: - Address for Correspondence:

<p>Details of the Incident:</p> <p>- Date(s) of Incident:</p> <p>- Location:</p> <p>- Name(s) and Designation(s) of Person(s) Involved (if known):</p> <p>1.</p> <p>2.</p> <p>- Description of the Incident:</p> <p>[Provide a detailed and factual description of the incident, including the nature of discrimination, what was said/done, and the impact. Attach separate document if needed]</p>
<p>Evidence (if any):</p> <p><input type="checkbox"/> Written records</p> <p><input type="checkbox"/> Screenshots / Photos / Videos</p> <p><input type="checkbox"/> Witnesses (Name and Contact Details)</p> <p><input type="checkbox"/> Other (Please specify)</p> <p>[Attach documents if applicable]</p>

Declaration:

I hereby declare that the above information is true to the best of my knowledge and belief. I understand that false complaints may invite disciplinary action.

Date: _____

Place: _____

Name & Signature of the Complainant