

### COMPLAINT FORM

<b>Team ID</b>			
<b>Team Name</b>			
<b>College Name</b>			
<b>Captain Name</b>		<b>Contact No.</b>	
<b>Faculty Advisor Name</b>		<b>Contact No.</b>	

### COMPLAINT DETAILS

Name of Person Lodging Complaint:	Contact:
Date of Incident :	Time:
Location of Incident:	
Who/What is the Subject of Your Complaint:	
Summary of Complaint/Issue:	

**WITNESS DETAILS (please leave blank if not relevant)**

Name:	Contact Number:
Role / Designation:	Signature:

**COMPLAINT OUTCOME**

As a result of making this complaint, is there any outcome you would like? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:
<b>COMPLAINANT SIGNATURE:</b>
<b>NAME &amp; SIGNATURE OF EVENT COORDINATOR RECEIVING COMPLAINT:</b>

**INVESTIGATION DETAILS**

Name of Person Investigating Incident:	
Title:	Date of Investigation:
Investigation Details:	
<b>Signature of Team Captain</b>	<b>Signature of the Investigating Staff</b>
<b>EVENT COORDINATOR</b> <b>Mr.S.Veerakumar</b>	