

**Team ID** 

## A NATIONAL LEVEL ELECTRIC BIKE DESIGN CHALLENGE (EBDC'24)

## **SEASON 4.0 - A DYNAMIC EVENT**



## **COMPLAINT FORM**

Team Name				
College Name				
Captain Name		Contact No.		
Faculty Advisor Name		Contact No.		
COMPLAINT DETAILS				
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Name of Person Lodging Compla	aint:	Cor	ntact:	
Date of Incident :			e:	
Location of Incident:				
Who/What is the Subject of Your Complaint:				
Summary of Complaint/Issue:				

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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 outc	ome you would like? □ Yes □ No			
If yes, please provide details:				
COMPLAINANT CICNATURE				
COMPLAINANT SIGNATURE:				
NAME & SIGNATURE OF EVENT COORDINATOR RECEIVING COMPLAINT:				
INVESTIGATION DETAILS				
Name of Person Investigating Incident:				
Title: Date of Investigation:				
Investigation Details:				
Signature of Team Captain	Signature of the Investigating Staff			
EVENT COORDINATOR Mr.S.Veerakumar				
Mr.5.veerakumar				

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