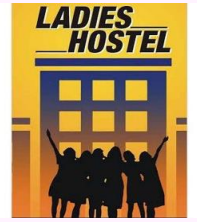




D. P. Bhosale College, Koregaon

Hostel



Ladies Hostel: Complaint Form

Date: _____

Name: _____

Phone Number: _____ Email.id _____

Department: _____

Address: _____

Complaint Information

Nature of Complaint: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the incident in detail:

Do you have any suggestions for resolving the complaint? If so, please explain.

Signature