

Quantum University

Complaint Form

(Antirragging/ Discipline/ Internal Complaints Committee/ Students Grievance Redressal Cell)

Personal Information:

- Name (Optional): _____
- Contact Number: _____
- Email Address: _____
- Student ID/Enrolment Number: _____
- Course/Program: _____

Criteria of Compliant:

- Antirragging
- Discipline
- Internal Complaints Committee
- Students Grievance Redressal Cell

Incident Details:

- Date of Incident: _____
- Time of Incident: _____
- Location of Incident (e.g., hostel, classroom, cafeteria): _____
- Description of Incident:

Witness Information (if applicable):

- Witness Name(s):
- Contact Number(s):
- Email Address(es):

Additional Comments:

- Any additional information or comments:

Declaration:

- I hereby declare that the information provided is true and accurate to the best of my knowledge.

(Signature)