

**ACHIEVERS COLLEGE
OF COMMERCE & MANAGEMENT, KALYAN (W)**

ANTI-RAGGING COMPLAINT REGISTRATION FORM

A. Complainant Details

Name of Complainant	
Roll Number	
Course / Year	
Department	
Contact Number	
Email ID	
Hostel / Day Scholar	

I wish to keep my identity confidential

B. Incident Details

Date of Incident	
Time of Incident	
Location of Incident	
Nature of Ragging (Verbal/Physical/Mental/Cyber/Other)	

Detailed Description of Incident:

C. Accused Details (If Known)

Name(s) of Accused	
Course / Year	
Department	

D. Witness Details (If Any)

Name & Contact Details: _____

Declaration:

I hereby declare that the information provided above is true to the best of my knowledge.

Signature of Complainant: _____

Date: _____

For Office Use Only

Complaint No.: _____

Date Received: _____

Received By: _____

Action Taken: _____

Status: Pending / Under Inquiry / Resolved

Signature of Authority: _____