

**S.I.C.E.S. DEGREE COLLEGE OF ARTS, SCIENCE AND COMMERCE**  
**AMBERNATH(W)**

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**Ragging Complaint Form**

1. Your Name: -----

2. Year of Study I year  II year  III year  IV year Other (specify)-----

3. Day Scholar

4. Persons engaging in alleged Ragging: -----

5. Please describe the specific act(s) alleged. If additional space is needed.

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6. Location(s) of alleged incident: -----

7. Date and Approximate time(s): -----

8. Describe the effect the alleged ragging had on you:-----

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9. Are there other who have witnessed this behaviour or others who experienced similar behaviour by the individual named above? If so, please provide their name(s), indicate if witness or individual with similar experience. their address (s) and their phone number(s).

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10. Did any tell anyone about your experience after the alleged incident? If so please provide the name(s) and telephone numbers(s) of whomever you spoke to.-----

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11. Did you take any action(s) in an attempt to stop the harassment?-----

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12. Have you filled this report with any other agency or an attorney?

YES  NO  -----  
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Signature of person making report: -

Date:-