

Maratha Vidya Prasarak Samaj's Arts, Science and Commerce College, Ozar (MiG), Nashik-422206

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Complaint Form

	Date:
Your Name:	
Phone Number:	
Designation of Complainant: Student Teacher	
Non-Teaching S	taff
Department:	
Address:	
Complaint Information/Suggestion:	
Location of Incident:	
Date of Incident:	Time of Incident:
Please describe the incident in detail	
Do you have any suggestions for resolving th	e complaint? If so, please explain.