

RVS COLLEGE OF NURSING, SULUR, COIMBATORE  
COMPLAINT FORM  
CASTE BASED DISCRIMINATION

Name of the Complainant: .....

Age / Sex:.....

University Registration No: .....

Year and Course of Study: .....

Mobile No: .....

email id: .....

Address for communication: .....

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Describe in detail and accurately the nature of your complaint: .....

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*(Use Additional paper if space is not adequate)*

Signature of the Complainant:

Date:

(Please take a printout of the form, fill in the details and email to [nursing.rvshs@rvsgroup.com](mailto:nursing.rvshs@rvsgroup.com))