

**University of Calcutta**

**Complaint /Grievance Intimation Form for General Members of the Society**

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| **Name of the Complainant :** |  |
| **Phone Number :** |  |
| **Email Address :** |  |
| **Describe your complaint/grievance.** |  |
| **Signature:** | **Date:** |
| **The completed Complaint /Grievance Intimation form may please be sent to** **registrar@caluniv.ac.in** |