

**University of Calcutta**

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

|  |  |
| --- | --- |
| **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**](mailto:registrar@caluniv.ac.in) | |