



MOHAMMED ALI SHIHAB THANGAL MEMORIAL ARTS & SCIENCE COLLEGE, PERINTHALMANNA

Affiliated to **UNIVERSITY OF CALICUT**, Approved by **AICTE & NAAC**
Accredited (First cycle) with **B++ Grade** (CGPA-2.93)

Internal Complaints Committee (ICC) Complaint Form

1. Name of the Complainant:
2. Designation / Course & Department:
3. Contact Number:
4. Email ID:
5. Name of the Respondent (Person complained against):
6. Designation / Course & Department of Respondent:
7. Nature of Complaint:
8. Date(s) and Time(s) of Incident:
9. Place of Incident:
10. Details of the Complaint (attach additional sheets if required):
11. Name(s) of Witness(es), if any: _____
12. Supporting Documents, if any (list):
13. Whether the matter has been reported earlier? Yes / No
14. Relief sought from the Committee:

Declaration

I hereby declare that the information furnished above is true to the best of my knowledge and belief.

Signature of the Complainant: _____

Date: _____ Place: _____



Run By: Panakkad Mohammed Ali Shihab Thangal Memorial Education & Charitable Trust
(68/IV/2012) Perinthalmanna, Malappuram, Kerala, India, Pin: 679325



04933226511, 9961303995



www.mstm.in



mstmclg@gmail.com