Complaint under Section 2(e) of Act IV of 2010

		Date:	
Section No. 1 - Pa	articulars of the complainant		
Name of the compl	ainant:		
Designation:	Depart	ment:	
Date of joining the	service: Date	of incident:	
Place of the incider	nt: Time	of incident:	
Section No. 2 - Pa	articulars of the mam accused:		
Name of the accuse	ed		
		Department:	
Section No. 3 - Pa	articulars of the witnesses, if any.		
Witness No. 1	Witness No. 2	Witness No. 3	
Name:	Name:	Name:	
Name: Designation: Department:	Designation:	Designation:	
Designation: Department:	Designation:	Designation: Department:	
Designation: Department: Section No. 4 - Bri Section No. 5	Designation: Department: ief description of the incident (attach	Designation: Department: extra sheets, if required).	
Designation: Department: Section No. 4 - Bri Section No. 5 Do you wa	Department: ief description of the incident (attach ant the incident to be dealt with under t	Designation: Department: extra sheets, if required).	
Designation: Department: Section No. 4 - Bri Section No. 5 Do you wa	Designation: Department: ief description of the incident (attach	Designation: Department: extra sheets, if required).	

Section No. 6

Declaration by the complainant

I hereby declare that I am aware of the contents of Section 5(3) of Act IV of 2010 regarding complaints found to be false and make with mala fide intentions.