



# COMPLAINT FORM

## e-GMP Portal

Any Previous File Number (If Any) :

Filing the Complaint for:  Name \* :

Name of Victim \* :  Father Name \* :

Date of Birth :  or Age \* :

Gendar \* :  Mobile No. \* :

Mobile no. on which notification to be received.

ID Proof :  ID Proof No. :

Address \* :  Address 2 :

Pin Code :  State \* :

District :  Tehsil \* :

Pin Code :  State \* :

Nature of the Grievance \*  Atrocity  Service related Matter  Social and Economic Matter

Whether the complaint related to policy violation/compilation ?  Yes  No

Upload the Complaint Application (If Any)  No file chosen

Details of the Complaint :   
(Short description max 500 characters)

### Upload Single/Multiple Supporting Files/Document

Upload the Caste Certificate (If Any)  No file chosen

Upload the Audio (If Any)  No file chosen

Upload the Video (If Any)  No file chosen