|  |  |
| --- | --- |
| **Form No.** |  |

***To be filled by MR***

**Section A – To be filled by person raising the complaint**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name\*:** |  | **Designation\*:** |  |
| **Section / Dept.\*:** |  | **Contact No.:** |  |
| **Statement of Complaint\*:**  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

\* *Compulsory; form shall be rejected in case these are missing.*

**Section B – For Internal Use Only (To be filled by MR)**

|  |  |
| --- | --- |
| **CAR Form No.** |  |