

6. Location(s) of alleged incident: _____

7. Date(s) and approximate time(s): _____

8. Describe the effect the alleged ragging had on you: _____

9. Are there others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, please provide their name(s), indicate if witness or individual with similar experience, their address(s) and their phone number(s).

10. Did you tell anyone about your experience after the alleged incident? If so please provide the name(s) and telephone number(s) of whomever you spoke to. _____

11. Did you take any action(s) in an attempt to stop the harassment? _____

12. Have you filed this report with any other agency or an attorney? Yes [] No []
If yes, with whom? _____

13. Do you have any suggestion for proposed action to address or resolve the ragging

14. Do you have any additional information and comments (use separate sheet if necessary):

Signature of person making report: _____ Date: _____

*Please return the completed form to: -
Dr.M.Pratap Kumar M.D.S,
Convener, Anti Ragging Committee*