

| S# | Name of Complainant | Gender (M/F) | Contact Number | Address | Profession | Complaint Category | Complaint Details | Complaint Against(OPR/INV) | Targets for Police |
|----|---------------------|--------------|----------------|---------|------------|--------------------|-------------------|----------------------------|--------------------|
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| Report Monitored & Filled By | Name : | |
| | Designation: | |
| | Organization: | |
| | Signature: | Date(Day/Month/Year): |