

Himachal Pradesh Human Rights Commission

COMPLAINT FORM



Please complete the form in BLOCK CAPITALS

1. Title (Ms, Mrs, Mr etc.):

2. First Name or Given Name:

3. Surname or Family Name:

4. Address for correspondence:

5. District:

6. State:

7. PIN:

8. Gender (Male / Female / Other):

9. Age:

10. Telephone / Mobile Number:

11. Email:



Opposite Party / Parties Details

1. Name (mention Complete Name):

2. Address (mention complete address of the opposite party /parties):

3. District:

4. State:

5. PIN:

6. Gender (Male / Female / Other):

7. Age:

8. Disability (disability status of the opposite party /parties):

9. Cast (cast of the opposite party /parties):

10. Religion:



Incident Details

1. Place (mention exact place of incident):

2. Tehsil (Tehsil where incident occurred):

3. District (District where incident occurred):

4. Incident Date (mm/dd/yyyy):

5. Incident Category:

6. Complaint (brief summary of facts/allegations of the incident/complaint):

7. If complaint files before any Court or NHRC or any other Human Rights Commission earlier (Yes / No):



Relief Details

1. Name, designation and Address of the Public Servant (mention full details against whom the complaint is):

2. Relief sought for (mention full details of relief, which is sought against the violation):

3. Please sign and date:

Signed:

Date:

When completed, this form should be returned to:

**Chairperson
Himachal Pradesh Human Rights Commission
Minister House No. 3 Grant Lodge, Ramchandra Chowk,
Shimla 171002**