



COMPLAINT FORM

e-GMP Portal

Any Previous File Number (If Any)	: Enter File No.		
Filing the Complaint for:	Self/Others	Name *	: Enter Your Name
Name of Victim *	Enter Name of Victim	Father Name *	: Father/Mother/Spouse /Guardian Name.
Date of Birth	DD-MM-YY	or Age *	: yrs
Gendar *	(Male/Female)	Mobile No. *	: Enter Mobile No <small>Mobile no. on which notification to be received.</small>
ID Proof	--Select--	ID Proof No.	: Enter Id Proof No
Address *	Enter Address Line1	Address 2	: Enter Address Line2
Pin Code	Enter Pin Code	State *	: Select State
District	Select District	Tehsil *	: Select Tehsil
Pin Code	Enter Pin Code	State *	: Enter 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) Choose file No file chosen

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

Upload Single/Multiple Supporting Files/Document

Upload the Caste Certificate (If Any)
(.pdf file only. Max size 5 MB) Choose file No file chosen

Upload the Audio (If Any)
(.mp3 file only. Max size 1 MB) Choose file No file chosen

OR Enter Link of Audio (If Any)

Upload the Video (If Any)
(.mp4 file only. Max size 20 MB) Choose file No file chosen

OR Enter Link of Video (If Any)

SUBMIT