

Complaint Form

**JOINT MOBILE COURTS (JMC)
OFFICE OF THE STATE COMMISSIONER FOR PERSONS WITH DISABILITIES
GOVERNMENT OF MIZORAM**

Submission Date_____

1. COMPLAINANT'S DETAIL:

Name : _____

Gender : _____

Date of birth : _____

Address : _____

Contact No : _____

Email ID (If any): _____

Type of Disability: _____

UDID/Disability Certificate No: _____

2. DETAILS OF THE DEPT/ORG AGAINST WHICH THE COMPLAINT IS FILED:

Name/Respondent : _____

Department/Organisation: _____

3. RIGHTS VIOLATED AGAINST RPwD ACT, 2016 (If any) :

4. SPECIFIC DETAILS OF THE COMPLAINT:

5. SUPPORTING DOCUMENTS:

1.

2.

3.

4.

5.

6. SUPPORTING EVIDENCE:
