

**Coodal**

**Form for Complaint/Comment/Complement**

**Details about the reporting/complaining member**

Name:..... Email:.....

Address:..... Phone No:.....

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.....

**Complaint:**

**Comment:**

**Compliment:**

Signature:..... Date:.....

**Please send this completed form to**

**Dr/Mr./Mrs./Miss.....**

**Lead member on the Board for complaints. His/her email is  
sella.dasan@gmail.com.**

Updated on: 21/7/2025