



HELPFUL FOUNDATION

Request for appropriate action

To,

Date:

Shri Ishtdev Sharma

Chairman

HELPFUL FOUNDATION

Greater Noida – UP 201306

To be completed by the victim, parent/guardian or close relative of the victim.

Incident Information

Date/Time of Incident: _____ Location of Incident: _____

Brief Description of Incident

The information in this statement is true and correct to the best of my knowledge.

Name:

Contact Number:-

Email id:

Place:

Information submitted by:

Signature

Victim Parent/Guardian Close Relative other _____