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Maharashtra State AIDS Control Society
महाराष्ट्र राज्य एड्स नियंत्रण संस्था

[Ombudsman / Complaint Officer](#)

[Helpline 1097](#)



Complaint Form

[Home](#) > [Ombudsman](#) > [Complaint Form](#)



Name

Sheetal

Mobile No.

9879181988

E-Mail Id

sheetal_sheth@silvertouch.com

Fax No.

07940022776

Please enter a value between 10 and 10 characters long.

Date of Incident

16-03-2023

Place of Incident

Ahmedabad

Address for communication

2 Saffron building, panchvati

Person / Institution responsible for the Incident

Dharmendra Barad

Signature[sign1.png](#) (1.74 KB)

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Description of Incident

Description of incident

complaint officer not registering my complaint and asking for bribe - sheetal

What code is in the image?

3i2mr



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**Maharashtra State AIDS Control Society**

AckWorth Leprosy Compound Hospital, R. A. Kidwai Marg, Wadala (West), Mumbai 400 031.

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✉ admin@mahasacs.org

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- > Surveillance & Epidemiology

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> Know Your Rights

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