

COMPLAINTS REGISTRATION FORM FOR GRIEVANCE REDRESSAL

Select the type of stakeholder: A) Student B) Parent C) Faculty member

Name :

Department :

Class :

Roll Number:

Mobile Number:

E mail Id:

Nature of grievance :

• Academic

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• Library

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• Examination & Result

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• Sexual Harassment

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• Ragging

☐

• Any other

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Brief about complaint:

Signature of the Applicant:

HOD

Principal