

Format of Grievance

Select the Type of Stakeholder:

A. Student B. Parent C. Faculty Member

Name: _____

Department: _____

Class: _____

Roll No. (if Applicable): _____

Mobile No.: _____

Email Id: _____

Nature of Grievance: **Academic / Library / Examination & Results / Sexual Harassment / Ragging / Any Other**

Brief about Complaint: _____

Signature:

Student

HOD

Principal