



COMPLAINT REGISTRATION FORM FOR GRIEVANCE REDRESSAL

Name of the Student :
Class :
Department :
ID/ Enrollment Number :
Phone Number :
Email ID :
Nature of Grievance :

- Ragging
- Sexual Harassment
- Grievance under SC/ST PAA 1989
- OBC/Minority Related
- Internal Assessment
- General Grievance
- Any other
- Internal Exams

Date and Time of Incident :
Description of the Incident/ Complaint :

Signature of the Applicant

Date:

To be filled by Grievance Redressal Cell Convener

Remarks of the Grievance Redressal Cell:

Forwarded to Principal

Name and Signature of Grievance Redressal Cell Convener

Action Taken:

Principal