



GRIEVANCE FORM

Name of Student/Faculty/Non-Teaching Staff: _____

Department: _____

Student Roll Call No./Employee ID: _____

Date: _____

To Whom: Which Grievance Cell (Tick appropriate box)

Student Grievance Cell

Faculty/Staff Grievance Cell

Anti-Ragging

Women's Redressal Cell

Internal Complaint Cell

SC-ST Cell

Complaint:

Signature of complainant:

Date:

Inward No, Signature and Stamp