

Grievance Redressal Form (Student)

Student Information

Student's Name: _____ Date: _____

Parent's/Guardian's Name: _____

Course : _____

Programme: _____

Email ID: _____

Mobile/Phone: _____

Roll Number: _____

Residential Address:

Permanent Address:

Date, time and place of event leading to grievance:

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Detailed account of occurrence (include names of persons involved, if any):

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State policies, guidelines or procedures you think have been violated:

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Proposed solution to grievance:

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State previous level of effort undertaken by you at Programme/School management level:

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State the outcome of the above mentioned efforts and why that is not acceptable to you:
State why do you think an informal resolution is not possible:

Declaration: “The information that I am submitting here is factual and without any exaggeration.”

Signature: _____ (signature of the student)

Received by: _____ (name and signature)

For office use only

Grievance Level Recommended (check one):

1. Another attempt at Informal Resolution _____
2. Senior Management of Programme/School _____
3. Grievance Redressal Committee Panel Review _____
