

GRIEVANCE FORM

Name of Student/Teaching /Non-Teaching Staff:			
Department:			
Student/Employee ID:			
Date:			
To Whom: Tick appropriate box			
Staff Grievance Cell	Student Grievance Cell	Anti-Ragging	
Women's Redressal Cell	Internal Complaint Cell	SC-ST Cell	
Description About Grievance:			
Signature with date:			
Name:			