

STUDENTS GRIEVANCE

Name of the Students :

Gender:

E-mail ID:

Phone Number:

Program :

Year:

Grievance:

Full Name / Signature:

Date :

Note:

- Student can submit the Hard Copy of this form to Grievance Redressal Committee In charge.
- Please attach the relevant document, if any, along with the form.

SEXUAL HARASSMENT/ANTI-RAGGING COMPLAINT

Name of the Students :

Gender:

E-mail ID:

Phone Number:

Program :

Year:

Grievance:

Full Name / Signature:

Date :

Note:

- Student can submit this form to jeevandeepawcollege@gmail.com or submit the Hard Copy to sexual harassment Committee /Anti- Ragging Committee In charge.
- On receiving the complaint Anti- Ragging Committee/ sexual harassment Committee will contact you.