

## GRIEVANCE REGISTRATION FORM

### GRIEVANT'S PROFILE:

Name: \_\_\_\_\_

UniversityID: \_\_\_\_\_

Department: \_\_\_\_\_

Gender:     male / female

Phone / mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### GRIEVANCE DETAILS

#### Type of grievance

ACADEMIC RELATED	
EXTENSION       &       EXTRA CURRICULAR	
AMENITIES & MAINTENANCE	
PLACEMENTS & INTERNSHIPS	
GENERAL ADMINISTRATION	
ADMISSIONS	
EXAMINATION RELATED	
WOMEN RELATED	
OTHER RELATED	

#### Date of occurrence

Have you discussed this issue with your mentor and / or HOD / director / controlling officer?

Yes or No:

If yes date of discussion:

Mentor and / or HOD / director / controlling officer's name:

Issue of grievance:

(Describe what happened, when and where, how your student experience or employment has been affected, and indicate names of others involved. Attach any supporting documentation.)

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Action requested:

Indicate the actions that would resolve your grievance.

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I declare that the information provided by me is true and factual to the best of my knowledge.

Date:

Grievant signature: