

**STUDENT GRIEVANCE FORM**

**Date:**

**Type of Grievance:** Hostel/Academic/Hospital/Interpersonal/Others (Tick your grievance)

**Describe your grievance in detail (if required, separate page can be attached):**

**Any Suggestions:**

**Details of the student: (Optional)**

**(Name and Mobile number)**

**Office Use Only**

Received Date:

Discussed on:

Action taken on:

Date when Student was informed about outcome / action taken:

Action taken report:

SGRC Chairperson Signature: