

K.M. AGRAWAL COLLEGE OF ARTS, COMMERCE & SCIENCE, KALYAN

COLLEGE GRIEVANCE REDRESSAL CELL (CGRC)

GRIEVANCE FORM

First Name_____ Middle Name_____ Last Name_____

Course _____ Semester_____ Class_____ Division_____

Roll No,_____ PRN No._____ Student Id_____ Mobile No_____

Email-Id _____ Date of Event occurred_____

Residential Address _____

Name of Teacher/s/Officer/s/Staff/Section/s/Departments against whom the complaint is to be lodged *

Nature of grievance/s in which redressal is sought (Write):-

Declaration of Student/Complainant

I/We hereby declare that the above information furnished by me/us is true to the best of my/our knowledge. In case if it is turned false I/We am/are personally responsible for the punishment.

Date:

Place:

Signature of Complainant

Note: -

1. Attach the supporting documents, if any.
2. No incomplete / Anonymous Grievance will be entertained.
3. Complete form must be drop in the Marked "Grievance Box"
4. The complainant will be called for inquiry in front of the CGRC Committee as if required.