

**GRIEVANCE APPLICATION FORM**

DATE:

NAME OF APPLICANT:

TYPE OF GRIEVANCE (Tick one of the following):

A) GENERAL GRIEVANCE

B) RAGGING COMPLAINT

C) SEXUAL HARASSMENT

EVENT OCCURRED DATE:

COMPLAINT DESCRIPTION:

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ROOT CAUSE:

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ANY WITNESSES:

SIGNATURE

(In case of student details, GIVE Roll NO, Branch, email id and Mobile number ):

**To be completed by a college administrator**

Date of initial investigation/informal meeting:

Findings:

Resolution/comments:

College Signature:

Date: