

Grievance Form of CM College

Date of Complaint: _____

Name of Complainant (Optional): _____

Course/Branch: _____ Gender: _____

Contact Number: _____ Email Address: _____

Nature of Grievance:

Academic

Non-Academic (Specify): _____

Ragging

Sexual Harassment

Discrimination (Specify): _____

Other (Specify): _____

Description of Grievance: _____

Location, date, and time of Incident:

Witnesses (if any):

I hereby acknowledge that the information provided above is true and accurate to the best

Signature (optional): _____ Date: _____

Please submit this form to the Grievance Box located _____ or lodge your complaint online through our college website.