



SALT CHRISTIAN COLLEGE OF TEACHER EDUCATION

GRIEVANCE REDRESSAL CELL

GRIEVANCE FORM

1. Students Details.

- a. Name: _____
- b. Semester: _____
- c. Roll No :. _____
- d. Mobile No : _____
- e. Email ID: _____
- f. Address: _____

2. Nature of Grievance

Please tick the appropriate option:

- ☐ Academic matter
- ☐ Examination, Marks or result
- ☐ Attendance or internship / Practicum
- ☐ Admission or fee- related matter
- ☐ Scholarship or financial matter
- ☐ certificate or administrative matter
- ☐ Library, laboratory, classroom, or hostel facility
- ☐ Discrimination, harassment, or ragging
- ☐ Misconduct or inappropriate behaviour

Other : _____

3. Details of the Grievance

Date, time, and place of the incident :

4. Detailed description of the grievance:

Mention the facts clearly, including the names of the persons involved if applicable:

5. Person/Authority Against whom the Grievance is made

Name: _____

Designation: _____

Department: _____

6. Supporting Documents

Documents attached, if any:

a. _____

b. _____

c. _____

d. ☐ No supporting document attached

6. Relief or solution Requested

Please state the action or solution you expect from the Grievance redressal cell:

7. Declaration

I declare that the information provided above is true and correct to the best of my knowledge. I understand that the Grievance Redressal cell may verify the facts stated in this application.

Place: _____

Date: _____

signature of the student: _____

Name: _____