KATWA COLLEGE UNIVERSITY OF BURDWAN

GRIEVANCE APPLICATION FORM

Information

contact number)

Name(s):	
Roll Number/ ID No:	Course/Program:
Department:	Year/ Semester
Contact Number:	
Email Address:	
Grievance Details Nature of Grievance: Academic / Adminis	strative / Facilities / Ragging/ Sexual Harassment/ Discrimination /Others (Please
specify):	
Date of Incident: Date of Complaint:	Place of Incident:
Details of Grievance: (Please provide a c supporting evidence if available.)	clear and concise description of your grievance, including relevant facts, dates, and any
Declaration :	
I hereby declare that the information provide	ed is true to the best of my knowledge. I understand that any false information may lead to
disciplinary action.	
Signature:	
Date:	

N.B: Student /Employee also can lodge their grievance(s) by writing on plain paper with duly signed and details (year, dept,