



MAHARAJA SRISCHANDRA COLLEGE
STUDENTS' COMPLAINT/GRIEVANCE INTIMATION FORM

INSTRUCTIONS: STUDENTS WHO HAVE COMPLAINT OR GRIEVANCE OF ANY KIND SHOULD DOWNLOAD AND COMPLETE THIS FORM AND THEN SEND IT TO mccgrievances@gmail.com AS AN ATTACHMENT. STUDENTS SHOULD ALLOW AT LEAST SEVEN WORKING DAYS TO RECEIVE A RESPONSE TO THEIR COMPLAINT OR GRIEVANCE. WE ARE COMMITTED TO KEEP THE INFORMATION SECRET AND WILL TAKE IMMEDIATE ACTION AGAINST THE GUILTY THE MOMENT THE COMPLAINT/GRIEVANCE PROVED RIGHT.

STUDENT INFORMATION

NAME _____

NAME OF THE COMPLAINT _____

UNIVERSITY REGISTRATION NUMBER _____

ADDRESS _____

CONTACT NUMBER _____

EMAIL ADDRESS _____

NAME OF THE INDIVIDUAL AND/OR DEPARTMENT AGAINST WHOM THE COMPLAINT/GRIEVANCE IS FILED

DESCRIBE YOUR COMPLAINT/GRIEVANCE, PUT THE DATE AND TIME OF OCCURRENCE (BE AS SPECIFIC AS POSSIBLE). ARE THERE ANY WITNESSES WHO SHOULD BE INTERROGATED? IF YES, LIST NAMES AND CONTACT NUMBERS.

DECLARATION

I HEREBY DECLARE THAT THE INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION MAY RESULT IN DISCIPLINARY ACTIONS.

STUDENTS SIGNATURE:

DATE: