**RAJAS DENTAL COLLEGE & HOSPITAL**

**GRIEVANCE REDRESSAL FORM**

To be submitted by the student to the chairman, grievance redressal committee

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| **Type of complaint ( tick the appropriate option )** | **Provide specific details of complaint** |
| 1. Adjustment of fees 2. Hostel facilities 3. Shortfall of attendance 4. Evaluation of mark sheet 5. Difficulty in comprehension of topic/subject 6. Inadequate / inappropriate teaching material/ learning material 7. Inequalities in assignment 8. Scheduling of examination 9. Unacceptable faculty/staff conduct 10. Ragging 11. Incidence of sexual harassment 12. Or any other complaint ( specify ) |  |

|  |  |
| --- | --- |
| **PARTICULARS OF THE STUDENT( TO BE FILLED BY THE STUDENT)** | |
| Name of the student |  |
| Year |  |
| Course |  |
| Signature & date |  |

**To Be Filled In By Office Of Grievance Redressal Committee**

1. Date complaint received on
2. Comments of chairman, Grievance Redressal Committee

Signature and date

1. Date complaint forwarded to concern faculty or officer
2. Comments of faculty or officer

Signature and date

Details of counselling of student:( by Chairman /HOD/faculty/others)

Signature and date