

RAJAS DENTAL COLLEGE & HOSPITAL

GRIEVANCE REDRESSAL FORM

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

Type of complaint (tick the appropriate option)	Provide specific details of complaint
<ul style="list-style-type: none">1. Adjustment of fees2. Hostel facilities3. Shortfall of attendance4. Evaluation of mark sheet5. Difficulty in comprehension of topic/subject6. Inadequate / inappropriate teaching material/ learning material7. Inequalities in assignment8. Scheduling of examination9. Unacceptable faculty/staff conduct10. Ragging11. Incidence of sexual harassment12. 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

3. Date complaint forwarded to concern faculty or officer
4. Comments of faculty or officer

Signature and date

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

Signature and date