R. C. Patel Educational Trust's

Institute of Management Research and Development, Shirpur.

STUDENT GRIEVANCES STATEMENT OF GRIEVANCE

1. Complainant Name: _____

Class & Roll Number: _____

Address: _____

Phone: _____ E-Mail: _____

2. Please give a very short summarizing statement and the date of the incident or the date that you discovered the problem.

Complaint Against Name(s):_____

On Date: / / Time: **:** (AM / PM)

Complaint / Incident:

_____

_____

_____

_____

_____

Action Taken: _____

_____

_____

_____

_____

3. Name of Class Teacher: _____

Complainant Signature Director

Dr. Vaishali Patil

RCPET's IMRD, Shirpur