



CORPORATE GROUP OF INSTITUTIONS

GRIEVANCE FORM

CIST	CIP	CIM
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Name: _____ Dept. _____ Branch/Semester: _____

Mailing Address: _____

Email: _____ Phone: _____

Describe the matter about which you are concerned

Attach extra sheet if required

GRIEVANCE AGAINST (Academic , Administrative (Account, Office, Library etc), Other (Canteen, Sports, Transport etc)

Name: _____ Department: . _____ Branch/Semester: _____

Signature: _____ Date of Incident: _____

For Grievance Cell only:

Department comment

Decision

Department Chair
(Name & Sign)

Coordinator Grievance cell
(Name & Sign)

Member Grievance Cell
(Name & Sign)

Dean/Director