STUDENT GRIEVANCE FORM

. This form, when completed, must be presented to the Co-ordinator of Students Redressal Cell.

Student Name: Student ID:

Mailing Address:

Email: Phone: ( )

Student Signature: Date:

GRIEVANCE AGAINST THE GRADE/ACTION OF:

1. Name: Department:
2. Is this grievance based on unlawful discrimination, harassment or retaliation?
3. Is this a grievance related to marks scored ? If yes, complete the following information:

No Yes

Course: Term/Year: Marks Received:

1. If this is not a grievance related to marks, briefly state your complaint. **Attach additional sheets to this form as needed**.
2. Grounds for Academic Grievance (clerical error, discrimination,) or grounds for Non- academic Grievance. **Attach additional sheets to this form as needed**.
3. Remedy sought:
4. Factual support (include names, departments, dates, times, records, etc.) for the alleged wrong. **Must attach on a separate sheet(s).**

The following **signatures are required**.

Faculty (or Respondent) Name:

Faculty (or Respondent) Signature: Date: Department Name:

Head of Department Signature: Date:

(if not applicable, Dean/Administrator signs)