

COLLEGE GRIEVANCE REDRESSAL CELL (CGRC)

GRIEVANCE FORM

First Name _____ Middle Name _____ Last
Name _____ Course _____ Semester _____
Class _____ Division _____ Roll No. _____ PRN No. _____ Student
Id _____ Mobile No _____

Email-Id _____ Date of Event occurred _____

Residential Address

Name of Teacher/s/Officer/s/Staff/Section/s/Departments against whom the complaint is to be lodged _____

Nature of grievance/s in which redressal is sought (Write):-

_ Declaration of Student/Complainant I/We hereby declare that the above information furnished by me/us is true to the best of my/our knowledge. In case if it is turned false I/We am/are personally responsible for the punishment.

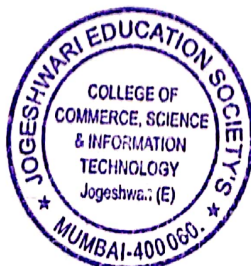
Date:

Place:

Signature of Complainant

Note: -

1. Attach the supporting documents, if any.
2. No incomplete / Anonymous Grievance will be entertained.
3. Complete form must be dropped in the Marked "Grievance Box"
4. The complainant will be called for inquiry in front of the CGRC Committee.



P. S. Shelar
PRINCIPAL

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