



Satyam College Of Education
Student Grievance Form

1) Student Name:_____ Roll No._____

2) Course :_____ Semester_____

3) Session:_____

4) Mobile No.:

5) Guardian's Mobile No.

6) E-mail:_____

7) Area of Grievance:	Academic	<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/>
	Administrative	<input type="checkbox"/>	Ragging	<input type="checkbox"/>

8) Duration / Date of the Problem or Incident:_____

9) Description of the Problem / Incident:_____

10) Has the Problem been reported: Yes ☐ No ☐

11) Cause of Dissatisfaction and Description of Appeal :_____

Student Signature:

Date: