

Dr. David's College of Higher Education, Dombivli East

GRIEVANCE REDRESSAL CELL

GRIEVANCE FORM

First Name _____ Middle Name _____ Last Name _____

Course _____ Semester _____ Class _____ Division _____

Roll No _____ 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. No Anonymous Grievance will be entertained.
2. The completed form must be dropped in the marked "Grievance Box"