COMM-IT CAREER ACADEMY (AFFILIATED TO GGSIPU) STUDENT GRIEVANCE FORM

Name	
Batch	
Mobile Number	
Email Address	
Describe your grievance in detail (You may continue on a separate sheet if required)	
All the information provided on this form as well as any additional documents I have provided is accurate and true reflection of the situation that lead to the grievance outline above.	
Signature	Date:
Complete the form in full aspects and drop it in the grievance box kept outside the Principal office. If there is more than one grievance, use separate form for every grievance. Note: Contact details are required to inform the complaint of the action taken.	

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Office Use Only	
Received Date Discussed on	
Action taken	
Date when Student was informed about outcome / action taken	