

GRIEVANCE FORM OF PURBASTHALI COLLEGE

Date of Complaint: _____

Name of Complainant (Optional): _____

Course/Branch: _____ Gender: _____

Contact Number: _____ Email Address: _____

Nature of Grievance:

Academic

Non-academic (Specify: _____)

Ragging

Sexual Harassment

Discrimination (Specify: _____)

Other (Specify: _____)

Description of Grievance: _____

Location, date and time of Incident: _____

Witnesses (if any): _____

I hereby acknowledge that the information provided above is true and accurate to the best of my knowledge.

Signature (optional): _____ Date: _____

Please submit this form to the Grievance Box located in the first floor of the Old Building or lodge your complaint online through our college website.