## **Format of Grievance**

Select the Type of Stakeholder:

	A. Student	B. Parent	C. Faculty Member
Name	:		
Department	:		
Class	:		
Roll No.	:		
Mobile No.	:		
Email Id	:		
Nature of Grievance	/ Any Other Brief about C		xual Harassment / Ragging
Signature:			
Student	HOD		Principal