



STUDENTS' GRIEVANCE FORM
(Shillong College Grievance Redressal Committee)

Course Name:

Semester:

Department:.....

Sex: Male

Female

Age:

Nationality: Indian

Foreigner

Residence: Hosteller

Non – Hosteller

Nature of Grievance: Academic

Non – Academic

BRIEF DESCRIPTION OF YOUR GRIEVANCE:

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PROPOSED SOLUTION (OPTIONAL):

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.....
.....

Date:

OPTIONAL:

Name:

Mobile No: **Email:**