

BONAM VENKATA CHALAMAYYA INSTITUTE OF TECHNOLOGY AND SCIENCE
GRIEVANCE REDRESSAL CELL

Form for sharing grievances (Applicable to Students, Teaching & Non-Teaching staff)

Date:

SI No.	Type or category of grievance	Brief description of the grievance	Given by: (Name, ID, Sem & Dept./ Designation)	Date of grievance raising	Additional remarks, if any

Related concerns, if any: _____

Signature



For Grievance Redressal Cell use only:

Office/Section/Department/ I/C Person the grievance belongs to	To be attended/acted upon by (name of the designated official)	Grievance raised on (date)	To be attended by (timeline)	Remarks, if any

Space for comments: _____

Signatures and remarks of Approving authority (Principal/Management): _____
