



**VISHNU DENTAL COLLEGE**  
**STUDENT GRIEVANCE FORM**

Review date:

To be submitted by the student to the Chairman, Grievance Redressal Committee:

Type of complaint (Tick the appropriate option)	Provide specific details of complaint
<ol style="list-style-type: none"> <li>1. Adjustment of fees</li> <li>2. Hostel facilities</li> <li>3. Shortfall of attendance</li> <li>4. Evaluation of marks sheet</li> <li>5. Difficulty in comprehension of a topic/subject</li> <li>6. Inadequate /inappropriate teaching material/learning material</li> <li>7. Inequalities in assignment</li> <li>8. Scheduling of examinations</li> <li>9. Unacceptable faculty/staff conduct</li> <li>10. Ragging</li> <li>11. Incidence of sexual harassment</li> <li>12. Or any other complaints (specify)</li> </ol>	

<b>Particulars of the student (To be filled by the student)</b>	
Name of student	
Course	
Year	
Signature & Date	

**To Be Filled-In By Office Of Grievance Redressal Committee**

1. Date complained received on:
2. Comments of chairman, Grievance Redressal Committee

Signature & Date

3. Date complaint forwarded to concerned faculty or officer:

4. Comments of Faculty/Officer:

Signature & Date

**Details of counseling of student: (by Chairman/HOD/Faculty/Officer)**

Signature & Date

Name of student	Roll No.	Course	Year	Signature & Date