



St. Xavier's College

Dr. Camil Bulcke Path, Ranchi

STUDENT'S GRIEVANCE FORM

Name :

Class Roll No.

Course:.....

Semester:.....

Sex: Male Female

Mobile No.

Nature of Grievance: Academic Non-Academic

BRIEF DESCRIPTION OF YOUR GRIEVANCE:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

PROPOSED SOLUTION (OPTIONAL):

.....

.....

.....

.....

.....

Date:.....

Signature:.....