

Shri Shivaji Education Society Amravati's  
**Science College, Congress Nagar Nagpur**

**GRIEVANCE FORM**

Name of Students /Staff members \_\_\_\_\_

Class /Designation \_\_\_\_\_

Group: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Nature of Grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Undertaking:

I hereby declare that the information furnished above by me is true and accurate. Further, I understand that disciplinary action can be taken against me if the above allegations are found incorrect or malicious.

Signature of Student

Date: