



# BISHOP VAYALIL MEMORIAL HOLY CROSS COLLEGE

**EVIDENTLY EXCELLENT**

Cherpunkal PO, Kottayam-686584 - ESTD 1995

## OFFLINE COMPLAINT REGISTRATION FORM

### Request for Redressal of Grievances

Date				
Department		Programme		Semester
Roll No.		Name of student		
Substance of the grievance (use additional sheets, if received)				
Date:		Signature of the Student		
Report/ Action of the department level Grievance Redressal Cell				
Date:		Signature of the Teacher in charge		
Report/ Action of the college level Grievance Redressal Committee				
Date:		Signature of Convener		
Action taken by the principal				
Date:		Signature of the Principal		