

St. Joseph's College of Commerce
(Autonomous)

FORMAT FOR SUBMISSION OF GRIEVANCE

1. Name/Class

Reg. No

Ph.: (Residence).....

2. Grievance related to:

3. A brief summary of the grievance:

Signature of the Student/Parent

Counter signed by Mentor (Optional)

FOR OFFICE USE ONLY

Comments of the Committee:

Action Taken:

Signature of the Coordinator
of Grievance Committee