# Student Complaint Form

# Students’ Grievances and Redressal Committee,

# Bengtol College, Bengtol, Chirang, Assam.

Personal Information

1. **Your Full Name (As Enrolled)……………………………………………………………………………..**
2. Major/minor (specify) ..……………………………………………………………………………………………….
3. Address ………………………………………………………………………………………………………………………….

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1. Email:………………………………………………………………………………….Phone:………………………………
2. Preferred method of contact (Tick)
3. Email:………………… a. Phone:……………….
4. **Information about your complaint:**
5. First date on which the events or issues occurred

………………….MM………………DD………………………YY

1. Name(s) of the person(s) involved
2. …………………………………………………………………………………………….
3. …………………………………………………………………………………………….
4. . …………………………………………………………………………………………..
5. Please describe your complaint in detail. Include the names of persons, locations, and dates involved. If this complaint is against specific person(s), please list their names and titles

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1. What attempts have you made to resolve this complaint up to now? Please state who you contacted and what transpired?

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1. What resolution would you consider fair? What resolution do you seek?

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1. Any other information you want to provide?

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*Response and resolution of the grievances will be communicated through Phone or E-mail within 20 days of the complaint received*