

Student Grievance Redressal Committee St. Bede's College Shimla

STUDENT GRIEVANCE REDRESSAL FORM

Date:		
1. Stu		formation
•		ame:
•		fumber/Student ID:
•	Cours	e/Program:
•	Year/S	Semester:
•	Conta	ct Number:
•	Email	Address:
2. Nat	ure of (Grievance (Please tick the appropriate option)
•	Acade	mic Grievance
	0	☐ Examination/Assessment Issues
	0	☐ Curriculum/Course Content
	0	☐ Attendance Discrepancies
	0	☐ Faculty Conduct/Teaching Methodology
	0	☐ Lab/Practical Issues
	0	☐ Other (Specify):
•	Admir	nistrative Grievance
	0	☐ Admission/Enrolment Issues
	0	☐ Fees/Payments
	0	☐ Scholarships/Financial Aid
	0	□ Hostel
	0	☐ Library/Resource Access
	0	☐ Student Services (Canteen, etc.)
	0	☐ Other (Specify):



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3. Description of the Grievance
• Please describe your grievance in detail (include specific dates, names, or incidents if applicable):
4. Supporting Documents
• Do you have any supporting documents (emails, receipts, etc.)?
○ □ Yes □ No
• If yes, please attach the documents with this form.
5. Desired Outcome
• What resolution are you seeking? (e.g., re-assessment, refund, clarification, etc.)
6. Declaration
I hereby declare that the information provided is true to the best of my knowledge. I understand that the grievance will be addressed as per the college's grievance redressal policies.
• Student Signature:
• Date:



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Receiv	ved by (Name/Department):
	of Receipt:
	ance Tracking Number:
	Taken:
Status	
0	□ Resolved
Ο	☐ In Progress
0	☐ Referred to Higher Authority
Rema	rks:
Signat	
Signat	ture: tudent Grievance Redressal Committee/ Internal Complai examination Committee
For St Cell/E Receiv	ture: Eudent Grievance Redressal Committee/ Internal Complaid Examination Committee Eved by (Name/Department):
For St Cell/E Received	ture: tudent Grievance Redressal Committee/ Internal Complaid txamination Committee yed by (Name/Department): of Receipt:
For St Cell/E Receive Date of	ture: Eudent Grievance Redressal Committee/ Internal Complaid Examination Committee Eved by (Name/Department):
For St Cell/E Receive Date of	ture: Student Grievance Redressal Committee/ Internal Complain Examination Committee Steed by (Name/Department): Of Receipt: ance Reference Number:
For St Cell/E Receive Date of Grieve Action Status	ture: Student Grievance Redressal Committee/ Internal Complain Examination Committee Steed by (Name/Department): Of Receipt: ance Reference Number:
For St Cell/E Receive Date of Grieve Action Status	ture: cudent Grievance Redressal Committee/ Internal Complaid cudent Grievance Redressal Committee/ Internal Complaid cudent Grievance Romanittee ved by (Name/Department): of Receipt: ance Reference Number: Taken:
For St Cell/E Receive Date of Grieve Action Status	ture: tudent Grievance Redressal Committee/ Internal Complain examination Committee yed by (Name/Department): of Receipt: ance Reference Number: Taken: Resolved