

Punyashlok Ahilyadevi Holkar Solapur University, Solapur
Department of Student Development
Student Grievance Application Form

Name of the Student (Complainant) _____ Student ID No _____

Name of the College/School/Institute: _____

Mailing Address: _____

Email ID: _____ Phone () _____

Signature of the Student _____ Date: _____

NATURE OF GRIEVANCE

1. Name of the person against whom there is grievance / Department _____

2. Is this grievance based on unlawful discrimination, harassment or retaliation? Yes or No

3. Is this a genuine grievance? If yes, complete the following information:

a) What type of the grievance? : _____

b) Is such grievance continuously observed with you and with others? : _____

4. If this is not a grievance, briefly state your complaint. **Attach additional sheets to this form if needed.**

(Grounds for Academic Grievance (clerical error, prejudicial evaluation, discrimination or capricious evaluation) or grounds for Non-academic Grievance. Attach additional sheets to this form as needed)

5. Remedy sought : _____

6. Narrative data/factual support (include names, departments, dates, time, records, etc.) for the alleged wrong. **Must attach on a separate sheets (s).**

The following **signatures are required**. If you are unable to obtain a signature, indicate the process you have taken to obtain signatures on a separate sheet and attach directly to this form. By signing below, all parties agree that informal efforts have been exhausted to resolve the issues being grieved.

Name of the Chairman of the Grievance cell of the institute: _____

Signature of the Chairman : _____ Date: _____

Name of the Principal/Director of the institute: _____

Signature of the Principal/Director: _____ Date: _____