Jeevandeep Shaikshanik Sanstha Poi's
JEEVANDEEP INSTITUTE OF TECHNOLOGY AND MANAGEMENT STUDIES, GOVELI
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Contact No.:8108559566

JITMS (G) / / 20 - 20 Date :

ONLINE GRIEVANCE REDRESSAL FORM

(Confidential Submission Form)

1. Basic Details:

a. **Full Name of the Complainant:** _____

b. **Category** (Select one):

i. Student

ii. Teaching Faculty

iii. Non-Teaching Staff

iv. Others (Specify): _____

c. **Department / Course / Class:** _____

d. **Enrolment No. / Employee ID:** _____

e. **Contact Details:**

i. Mobile Number: _____

ii. Email ID: _____

2. Grievance Details: Type of Grievance *(Select one or more)*

a. Academic (Examination, Evaluation, Attendance)

b. Administrative (Fees, Office Work, Documentation)

c. Infrastructure (Classrooms, Library, Facilities)

d. Behavioural (Harassment, Misconduct, Discrimination)

e. Financial Issues

f. Others (Specify): _____

3. **Description of the Grievance:** *(Please provide detailed information including date, place, persons involved, etc.)* _____

_____

_____

JITMS (G) / / 20 - 20 Date :

_____

_____

4. **Date(s) of Incident:** _____
5. **Person(s) / Department(s) Involved (if any):** _____

_____

_____

6. **Supporting Information: Upload Supporting Documents (if any)**
   - **a.** Yes (Upload Option)
   - **b.** No
7. **Previous Action (if any): Have you reported this issue earlier?**
   - **a.** Yes
   - **b.** No

   If yes, provide details:
8. **Declaration:** I hereby declare that the information provided above is true to the best of my knowledge. I understand that providing false information may lead to disciplinary action.

   ☐ I agree to the above declaration
9. **Confidentiality Preference: Do you want to keep your identity confidential?**
   - **a. Yes**
   - **b. No**

Place: _____

Date: _____ (_____)