

**PRAVARA INSTITUTE OF MEDICAL SCIENCES**  
(DEEMED TO BE UNIVERSITY)

**STUDENT GRIEVANCE REDRESSAL COMMITTEE COMPLAINT FORM**

**STUDENT INFORMATION :**

<b>1</b>	Name (last, first, middle) :		
<b>2</b>	Mailing Address :	<b>3. City :</b>	<b>4. State :</b>
<b>5</b>	Pincode :	<b>6. Telephone Number :</b>	
<b>7</b>	E mail Address :		
<b>8</b>	Name of person / Detail grievance is against (last, first, middle):		
<b>9</b>	Nature of Grievance :		
<b>10</b>	Expectation of student :		

**BY SIGNING THIS FORM, I AFFIRM THAT I AM THE COMPLAINANT AND THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

	Signature :	Date :
--	-------------	--------