



Baburao Patil College of Arts and Science, Angar

Grievance Redressal Cell

GRC



Complaint Form

Your Name: _____ Date: _____

Phone Number: _____

Status: Student / Teacher / Non-Teaching Staff (✓) Select your status

Department: _____

Address: _____

Complaint Information

Date of Incident: _____

Time of Incident: _____

Location of Incident:

Please describe the incident in detail:

Do you have any suggestions for resolving
the complaint? If so, please explain.

Signature