

# Vanita Vishram Women's University

## Formal Complaint Form for Students

Name of Student Filing Complaint	Date
Signature of Student Filing Complaint	Student Phone Number
Student Mailing Address	Student E-mail Address
Student Roll Number	

**DESCRIPTION OF COMPLAINT (DATE, PLACE, TIME, DETAILS):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTEMPTS MADE TO RESOLVE AS AN INFORMAL COMPLAINT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF DESIRED OUTCOME:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

\*\*\*\*\* **Committee receiving complaint completes items below this line.**

**Date Received:** \_\_\_\_\_

**ACTION TAKEN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Chairperson	Date Response Sent to Student
Signature of Provost	Date Copy Sent to Provost