

VIDYA BHARATI MAHAVIDYALAYA, AMRAVATI

Name of Department : _____

Academic Session : _____

Record of Grievances (if any) to be kept by each department in the prescribed Tabular format:

Sr. No.	Type of Stakeholder	Name	Department	Class	E-Mail ID	Mobile No.	Nature of Grievance	Briefs of Complaint	Action Taken	Status
1.										
2.										
3.										
4.										

(With sign & seal of Head of Department)