

Indian Institute of Management and Commerce

GRIEVANCE/COMPLAINT/SUGGESTION -FORM

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| Name of the Student | |
| Father's Name | |
| Course | |
| Year: I/II/III | |
| Roll Number | |
| Grievance/Complaint/Suggestion | |
| Evidences/Proofs Attached | |
| Signature of the Student | |
| Contact Number | |
| E-mail Address of the Student | |
| Contact Address | |
| Action Taken/Initiated by the GRC (For Office Use Only) | |