Office Use Only
Form No.
.....
Date Received
.....

STUDENT GRIEVANCE FORM

Student Name _____

Student ID _____

Student Session _____

Student Address _____

Student Email _____

Land Line No. _____

Mobile Phone _____

Incident Date & Time _____

Parties [Student(s) or Staff Member(s)] Involved _____

_____

Brief Description of Grievance (Please attach extra pages if required)

_____

_____

_____

_____

_____

_____

_____

Proof of the Grievance (if any)

Steps already taken to resolve the above stated Grievance

Student Requests Remedy/Relief as follows

I hereby attest that the information provided in this Student Grievance Form is true to the best of my knowledge and belief.

Student's Name or Representative	**Signature**	**Date**

Privacy – Personal Information

You are entitled to protection of the personal information you provide to the Rawal Institute of Health Sciences. This means that any personal information we collect about you is treated according to the law and applicable policy. The personal information collected on this form shall allow your grievance to be considered by the College under the College's Student Grievance Policy.

By signing and submitting this form, you consent to the Rawal Institute of Health Sciences (RIHS) using and disclosing (if necessary) your personal information as described above.

Please do not write below this line

STATUS (APPROVED/DENIED) _____

ACTION TAKEN: _____

_____

_____

_____

Chairperson – Student Grievance Committee	**Date of Decision**