



SUMATHI REDDY

INSTITUTE OF TECHNOLOGY FOR WOMEN

L e a r n i n g a t i t s b e s t

Affiliated to JNTUH - Approved by AICTE

Complaint Form

Complaint No [office use]

DATE:

Name of Applicant _____

Type of Grievance:

- A) General Grievance B) Ragging Complaint C) Student Complaint
D) Staff Complaint E) Parents Complaint F) Women Harassment

Event Occurred Date _____

Complaint Description:

Signature

Action Taken:

Signatures of Grievance Redressal Committee Members:

- | | | | |
|----|----|----|----|
| 1. | 2. | 3. | 4. |
| 5. | 6. | 7. | 8. |