



Medi – Caps University

Department of Training & Placement

STUDENT GRIEVANCE FORM

I. COMPLAINANT INFORMATION

Complainant's First Name:	Complainant's Middle Name:	Complainant's Last Name:

Enrolment Number Course Name:
 Branch.....

year of AdmissionYear of Passing

Address: City:
 State:.....

Telephone Number: Mobile Number

Email Address:

Date of Complaint:.....

II. DETAILS OF COMPLAINT

1. What are the events that led to this complaint? Specify pertinent dates, the nature of the event (e.g., meeting, written appeal).

.....

2. Have you attempted to resolve the complaint with the university earlier ? Yes No

3. How would you like to see the complaint resolved?

.....

4. Have you filed this complaint with another Department ? Yes No

If yes, list the Department 's name and the outcome of the complaint below:

Outcome:.....

5. Have you contacted DSW /TPO ? Yes No

III CONSENT TO RELEASE STUDENT INFORMATION

I, _____, am a student at, or a former student of,
 _____ (Course). I have submitted a complaint
 concerning the Department to the Medi- Caps University.

I understand that the University will not re-disclose the information except in accordance with the
 RULE.

Signature & Date