



**URAN EDUCATION SOCIETY'S COLLEGE  
OF MANAGEMENT & TECHNOLOGY**

**STUDENT GRIEVANCE REDRESSAL CELL  
COMPLAINT FORM**

**Form No. : \_\_\_\_\_**

Student Name: \_\_\_\_\_

Department: \_\_\_\_\_

Class: \_\_\_\_\_

Roll No. : \_\_\_\_\_

Contact No. : \_\_\_\_\_

Email Id: \_\_\_\_\_

Address: \_\_\_\_\_

Complain Details: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

