COLLEGE OF PHARMACEUTICAL SCIENCES, BERHAMPUR

At/Po: Mohuda, Dist: Ganjam, PIN-760002, Phone: 06802260758, Email: principal_cpsbam@yahoo.co.in

GRIEVANCE FORM

(Common grievance form for the staff and students related to ragging, sexual harassment, Discrimination based on gender, caste, physical disability, minority etc.)

[Instructions: Download and Fill out the form describing the details of grievance and submit it at the principal's office or send the scan copy of the filled out form to grievancecps@gmail.com]			
Name of complainant			
Course, Class/Dept			
Registration No/ Employee ID No			
Contact No			
E-Mail			
Type of complaint *(Put √ mark)*			
• Sexual Harassment		• Gender based Discrimination	
• Ragging		• Community based discrimination	
• Caste based discrimination		• Other Discrimination	
Details of Complaint *Write the grievance details (Attach separate sheet, if required)*			
Signature of complainant:		**Date:**	