

ST. XAVIER'S COLLEGE OF EDUCATION (AUTONOMOUS), PALAYAMKOTTAI



Examination Grievance Redressal Form

Grievance Raised By

Name of the student		
Programme:	Date:	Signature of the student:

Description of Grievance:

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Investigation of Grievance:-

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Corrective Action Taken:-

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Preventive Action Taken:

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Names of Committee Members & sign:-

- 1).....
- 2).....
- 3).....

Principal