



KMCT

AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.

GRIEVANCE FORM

Name of Applicant:

Date:

Types of Grievance:

A) General Grievance

B) Exam Grievance

C) Ragging

D) Sexual Harassment

Event Occurred Date:

Complaint Description:

Root Cause:

Sign:

(In case of student details of Class/Batch with Roll No.)