KALASALINGAM
ACADEMY OF RESEARCH AND EDUCATION
(DEEMED TO BE UNIVERSITY)
Under sec. 3 of UGC Act 1956. Accredited by NAAC with "A++" Grade
Anand Nagar, Krishnankoil, Srivilliputtur, Virudhunagar (Dt.) - 626126 | OMR, Chennai, Tamil Nadu
info@kalasalingam.ac.in | www.kalasalingam.ac.in

COMPLAINT / GRIEVANCE REGISTRATION FORM

Complaint Reference No.: _____

Date: _____ / _____ / _____

1. Complainant Details

Name: _____

Designation/Status (Tick One): Student / Faculty / Administrative Staff / Research Scholar / Alumni / Visitor / Other

Department/School: _____

Register No./Employee ID (if applicable): _____

Mobile Number: _____

Email ID: _____

2. Nature of Complaint

Academic Issue / Examination Related / Infrastructure Issue / Administrative Issue / Financial Issue / Harassment / Research Misconduct / Ethical Violation / Environmental Concern / Ragging / IT-LMS Issue / Other:_____

3. Details of the Complaint

Date of Incident: _____ / _____ / _____

Location/Department Involved: _____

Person(s) Concerned: _____

Complaint Description:

_____

_____

_____

4. Supporting Documents

Photographs / Screenshots / Emails / Letters / Reports / Other Documents

List of Attachments: _____

5. Relief / Action Requested

_____

_____

6. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature of Complainant: _____

Date: _____ / _____ / _____

FOR OFFICE USE ONLY

Complaint Received By: _____

Date Received: _____ / _____ / _____

Complaint Category: _____

Forwarded To: _____

Investigation Committee: _____

Action Taken: _____

Status: Open / Under Review / Action Taken / Resolved / Closed

Date of Closure: _____ / _____ / _____

Authorized Signatory: _____