



B.S.P's  
**Gomantak Ayurveda Mahavidyalaya & Research Centre**  
**Kamakshi Arogya Dham, Shiroda - Goa**

## Staff and Student Grievance Form

### SECTION A: Complainant Information

1. **Full Name:**

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2. **Role:**

[ ] Staff

[ ] Student

3. **Department / Course:**

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4. **Contact Information (Phone / Email):**

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### SECTION B: Grievance Details

5. **Date of Incident:**

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6. **Location of Incident (if applicable):**

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7. **Persons Involved:**

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8. **Nature of Grievance (please tick all that apply):**

[ ] Discrimination

[ ] Harassment

[ ] Unfair Treatment

[ ] Academic/Administrative Dispute

[ ] Other (please specify): \_\_\_\_\_

9. **Description of Grievance:**

*(Please provide a detailed account of the issue. Attach additional pages or documents if necessary.)*

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**SECTION C: Actions Taken**

10. Have you discussed this issue with anyone prior to submitting this form?

Yes

No

If yes, with whom?

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11. What outcome are you seeking?

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**SECTION D: Declaration**

I declare that the information provided in this grievance is true and correct to the best of my knowledge.

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

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

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- Please download the form and send it to [ayurgoa@rediffmail.com](mailto:ayurgoa@rediffmail.com)
- Submitting false or misleading information may result in disciplinary action in accordance with Institutional policies.