

SPICER ADVENTIST UNIVERSITY
Dean of Students office
Students Grievance Redressal Form

Name of the student: _____

Student Id. No. _____

Student Mobile No. _____

Parents Mobile No. _____

E-mail Id. _____

Boarder/Dayscholar _____ Male/Female _____

Department: _____ Year of study _____

Address _____

Complaint: _____

Date:

Student Signature:

- *Please return this complaint form duly filled to the Dean of students in person.*