# Rawalpindi Women University
## Directorate of Student Affairs
### Student Grievance Feedback Form

**Student Information**

Name: _____ Department / Program: _____

Registration No.: _____ Complaint Ref. No. _____

Date of Grievance Submission: _____

***This form aims to assess students' satisfaction with the grievance redressal process. Your feedback will be kept confidential and used solely for service improvement.***

1. Were you informed about the process for resolving your grievance?
   ☐ Yes ☐ No
2. I was kept informed about the status/progress of my grievance
   ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree
3. The grievance was addressed within a reasonable timeframe.
   ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied
4. The process of grievance resolution was efficient and well-managed.
   ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied
5. How satisfied are you with the final outcome of your grievance?
   ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied
6. Do you feel your concern was adequately addressed?
   ☐ Yes ☐ No ☐ Partially
7. Any Feedback:
   _____
   _____

**Student Signature:** _____ **Date:** _____