

SC/ST EMPLOYEE GRIEVANCE FORM

(for office use)
Complaint No.....
Date:

1. Employee Name :
2. Department :
3. Designation :
4. Contact No. :
5. Email id :
6. Area of Grievance : Academic Discipline Any other
7. Duration / Date of Problem or Incidence :
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8. Description of the problem / incident :
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9. Cause of Dissatisfaction and Description of Appeal :
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.....
.....

Date:

Signature of the Employee