GRIEVANCE REDRESSAL FORM

<table>
<tr><th>Sl. No.</th><th>Category</th><th colspan="2">Details</th></tr>
<tr><td>1)</td><td>Employee Details</td><td colspan="2">● Name:
● Employee ID:
● Designation:
● Department:
● Contact No:
● Email ID:</td></tr>
<tr><td>2)</td><td>Date of Grievance</td><td colspan="2"></td></tr>
<tr><td rowspan="6">3)</td><td rowspan="6">Grievance Details</td><td>Category of Grievance</td><td>Yes/No</td></tr>
<tr><td>● Workplace harassment</td><td></td></tr>
<tr><td>● Discrimination</td><td></td></tr>
<tr><td>● Service/Facility Issue</td><td></td></tr>
<tr><td>● Salary/Compensation</td><td></td></tr>
<tr><td>● Others (Specify in details – Sl. No. 4)</td><td></td></tr>
<tr><td>4)</td><td>Has this grievance been reported earlier? (Yes/No)
If yes, attach document/reference no</td><td colspan="2"></td></tr>
<tr><td>5)</td><td>Grievance description: (Please provide detailed information)</td><td colspan="2"></td></tr>
<tr><td>6)</td><td colspan="3">Declaration:
I hereby declare that the information provided above is true to the best of my knowledge and that I am submitting this grievance in good faith for necessary action.

Name: _____

Signature: _____ Date: ____/____/_____(dd/mm/yyyy)</td></tr>
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