

Grievance Form

Name.....Mobile No.....

E-mail.....

Designation.....Department.....

Basis of complain:

☐

Race

☐

Creed

☐

Religion

☐

Sex

☐

Culture

☐

Age

☐

Marital status

☐

Physical Disability

☐

Ancestry

Any other (Please specify) _____

Name of the person you believe discriminated against you:

Department:

Mobile no:

Date, Time and Place of incident.....

.....

Description of Incident.....

.....

.....

.....

Witness, if any, or anyone else who may have knowledge of the incident:

Name:

Mobile no.

Witness statement.....

.....

.....

.....

Your signature verifies that the information on this form is correct.

Signature of Complainer

Signature of Witness

Report Received by.....

Department.....

Date and Time.....

Employee's Supervisor.....

Referred to Director (Date).....

Signature of Supervisor

Name:

Designation: