



Grievance Redressal Form (Employee)

Employee Information

Employee's Name: _____ Date: _____

Employee Number: _____

Email ID: _____

Mobile/Phone: _____

Residential Address:

Permanent Address:

Date, time and place of event leading to grievance:

Detailed account of occurrence (include names of persons involved, if any):

State policies, guidelines or procedures you think have been violated:



Proposed solution to grievance:
State previous efforts undertaken by you at Programme/School management level to address the grievance:
State the outcome of above and why that is not acceptable to you:
State why do you think an resolution outside the grievance redressal forum is not possible:



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Declaration: "The information that I am submitting here is factual and without any exaggeration."

Signature: _____ (signature of employee)

Received by: _____ (name and signature)

For office use only

Grievance Level Recommended (check one):

1. Another attempt at Informal Resolution _____
2. Senior Management of Programme/School _____
3. Grievance Redressal Committee Panel Review _____
