

## FACULTY GRIEVANCE FORM

Name of the Faculty :  
Employee Id :  
Designation :  
Department :  
Email Id :  
Mobile No :  
Nature of grievance :  
Description :

I here declare that information provided above is correct I shall be responsible or furnishing any wrong information.

Signature of Faculty

### For Office Use

Action Taken Report :  
Problem Resolved Status: (If No Reason) : YES / NO  
Dissatisfaction and Description of Appeal :

**Principal**