



FORM OF GRIEVANCE REDRESSAL
(ON SEXUAL HARASSMENT)

Date: _____

Name of the Employee: _____

Emp. No.: _____ Designation: _____

Department/ Section: _____

Whether it is first grievance or that it

Has already been dealt with: _____

Whether any dispute is pending before

The Conciliation Officer, Labour Court

Or Industrial Tribunal on same issue: _____

Yes/ No

Present Grievances:

Relief sought for:

Signature of the Employee