

**M. S. Ramaiah University of Applied Sciences
Bangalore – 560054**

Office of the Human Resource

Staff Grievance Form

Aggravated Employee Details	
Name of the employee	
Designation	
Department	
Faculty	
Employee ID	
Grievance Details	

Date of filing	

Signature of the employee

Date:

** The filled form duly signed by the employee should be submitted in a sealed envelope to the Office of the Chief – HR, University House.*