

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

Staff Grievance Form

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

Grievance Redressal	
Action taken	
Details of Committee formed (if any) with date	
Proceedings of the committee meeting with date	
Recommendation of the committee	
Action plans	

Signature of Secretary of the Committee

Signature of the Chairman of the Committee

Date: