

# Internal Grievance Report Format

## Employee Details

Name

Employee ID

Department

Designation

Contact No.

E-mail

## Grievance Details

Date of Incident

Location of Incident

Category of Grievance

Description of Grievance (Please provide detailed information)

## Action Requested / Suggestion

## Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Employee Signature

Date