



# P.L.R.D. HOSPITAL (MULTI-SPECIALITY)

*As we care for you*

*Come to in the Safe Hand of our Specialist*

Opp. Dharpa Power House, G.T. Road. Khurja 203131, Distt. Bulandshahr, (U.P.)

Tel: - 9219477745, E-mail: [vydsam@gmail.com](mailto:vydsam@gmail.com)

## FORMAL GRIEVANCE

(THIS FORM MUST BE COMPLETELY FILLED OUT)

GRIEVANT INFORMATION				
Employee Name -		Age -	Sex -	
Job Title -		Employee ID -		
Department -		Date of Hire -		
Home Mailing Address -		Work Mailing Address -		
Date, time and place of event leading to grievance:				
Detailed account of occurrence (include names of persons involved, if any):				
Please state policies, procedures, or guidelines that you feel have been violated:				
Proposed solution to grievance:				
The grievant should retain a copy of this form for his/her records. If you do not receive a response within 10 working days or disagree with the action taken, you may file a copy of the grievance at the next step. The signature below indicates that you are filing a grievance, and any information on this form is truthful.				
STEP	Grievance Filed With <i>(Please Print Name)</i>	DATE	Grievant's Signature	DATE
1				
2				
3				
Received by -			Date -	