

Faculty Complaint Registration Form

(Confidential Document)

Faculty Details:

Name:

Designation:

Department:

Employee ID:

Contact Number:

Email ID :

Complaint Details:

• Type of Complaint (Tick the relevant category):

- ☐ Workplace Harassment
- ☐ Discrimination
- ☐ Salary/Benefits Issue
- ☐ Workload/Promotion Concern
- ☐ Misconduct by Colleague/Superior
- ☐ Policy Violation
- ☐ Other (Please specify): _____

Brief Description of the Complaint:

(Provide a detailed explanation of the issue, including relevant dates, events, and persons involved)

Supporting Documents Attached:

- ☐ Yes (Specify): _____
- ☐ No

Previous Actions Taken (If Any):

(Have you reported this issue before? If yes, mention to whom and what action was taken.)

Requested Resolution:

(Mention the outcome or resolution you are seeking.)

Declaration:

I, **(Faculty Name)**, confirm that the information provided above is true to the best of my knowledge. I understand that any false claims may lead to disciplinary action.

Signature

For Office Use Only:

- Complaint Received By: _____
- Designation: _____
- Date & Time of Receipt: _____

Authorized Signatory:

Date: