

SATLUJ JAL VIDUYT NIGAM LIMITED

STAGE-I GRIEVANCE

(TO BE SUBMITTED TO THE HEAD OF DEPTT. IN DUPLICATE)

NAME:
EMPLOYEE NO:
DESIGNATION:
PAY -SCALE:
DEPARTMENT/GROUP:

GRIEVANCE IN BRIEF WITH SUPPORTING FACTS:

ORAL REPLY RECEIVED FROM REPORTING OFFICER:

REASONS FOR APPEAL:

DATED:

EMPLOYEE SIGNATURE

(FOR USE BY THE HEAD OF DEPARTMENT)

RECEIVED ON:

WHETHER INTERVIEWED THE EMPLOYEE: YES/NO

WHETHER DISCUSSED WITH REPORTING OFFICER: YES/NO

DECISION OF THE HEAD OF DEPARTMENT:

DATED:

SIGNATURE OF THE HEAD OF DEPTT.

REPLIED ON: