



**LLOYD INSTITUTE OF ENGINEERING & TECHNOLOGY (LIET),
GREATER NOIDA**

WOMEN EMPLOYEES GRIEVANCE REDRESSAL FORM

Department:

A. Employee Details

- Name of Employee: _____
- Employee ID: _____
- Designation: _____
- Department: _____
- Date of Joining: _____
- Employment Type:
 - Teaching Non-Teaching Contractual Other: _____
- Mobile Number: _____
- Email ID (Official): _____

B. Grievance Details

Category of Grievance (Tick as applicable):

Workplace Harassment Gender Discrimination Workload / Duty Allocation

Leave / Service-Related Infrastructure / Facilities Administrative

Other (Specify): _____

- Title / Subject of Grievance:
- Date of Occurrence:

Detailed Description of Grievance: *(Attach additional sheet if required)*

C. Supporting Documents

- Documents Attached (if any): [] Yes [] No
- If yes, specify:

D. Declaration by Employee

I hereby declare that the information furnished above is true and correct to the best of my knowledge. I request the concerned authority / Women Grievance Redressal Committee to look into the matter and take appropriate action while maintaining confidentiality.

Place: _____

Date: _____

Signature of Employee: _____