



Format for Director's Grievance Redressal Hearing

- 1. Name of Complainant(s):**

- 2. Name of the person(s)/Department/Section, against whom this complaint pertains to :**

- 3. Have you already approached your immediate Controlling Officer: Yes/ No**

- 4. If Yes: when and what was the outcome: (please attach the orders/response):**

- 5. Whether you will be present during the Hearing: Yes/No**

- 6. If your answer to point no. 5 is No, please mention the name of your lawyer/representative:**

- 7. What is your prayer:**

Signature of Complainant

Name:

Post held:

Office/Dept./Section:

Mobile No.:

Tele. No.:

Email ID: