

REDRESSAL OF GRIEVANCES OF SC / ST/ OBC EMPLOYEES AT
JIPMER

FORMAT FOR COMPLAINT

1. Name of the complainant / aggrieved person :
- a) Designation with Employee ID :
- b) Department :
- c) Mobile Number :
- d) Email ID :
2. Caste (SC/ST/OBC) :
3. Date of joining in this Institute :
4. Nature of the Complaint (in brief) :
5. Place & Date of Incident (if applicable) :
6. Documents / Evidence / Proof
may be submitted :

Name :
Signature :
Designation :
Department :

Handwritten signature

Handwritten signature

Handwritten signature
23/10/21

Handwritten signature
22/12/2021

Handwritten signature
22/12/2021