

**KLE'S INSTITUTE OF DENTAL SCIENCES,BENGALURU**

**WOMENS GRIEVANCE FORM**

Please complete this form in its entirety, including attachments requested, and return it to the Convenor of the Standing Committee for Grievance redressal and Monitoring.

**Remember to sign and date the form at the bottom.**

<b><u>For Office Use</u></b>	
Date Received:	Number:
Received By:	
Signature:	

**TO:**

**The CHAIRPERSON**

**Standing Committee for Grievance redressal and Monitoring.**

NAME OF PETITIONER:

HOME ADDRESS:

TELEPHONE NUMBER (WORK):

TELEPHONE NUMBER (HOME):

DESIGNATION:

THE BEST TIME TO CONTACT YOU AND AT WHAT PHONE NUMBER:

1. **Individual(s) against whom this grievance/complaint is being filed.** Include the name(s) and the units(s)/division(s) of each. (You may attach separate sheets of paper if necessary.)
2. **Nature of Grievance** – Please describe the relevant facts, circumstances and reasons you wish to file a grievance. Include dates, details and if possible, copies of any documentation in regards to grievance. (You may attach separate sheets of paper if necessary.)
3. **Statement of Desired Outcome** (should be realistic):
4. **Attach any supporting documentation and evidence** in regard to your petition
5. **Please list the name(s), telephone number(s), and department(s) of witnesses who have knowledge or information relevant to the grievance. Please include the relations/reason to contact each person. (You may use separate sheets of paper if necessary.)**
6. **Also include names of witnesses whom desire to be called in support of the position of the grievant. (You may use separate sheets of paper if necessary.)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form is available to download from the college website ([www.kledentalbengaluru.com](http://www.kledentalbengaluru.com)). You may send it by registered post/by Email or by hand to the Convenor of the Committee.

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