



DEPARTMENT OF HUMAN RESOURCES
MEDICAL TEACHING INSTITUTION
 Gajju Khan Medical College / Bacha Khan Medical Complex Swabi
 THQ Topi/THQ Lahore
 (Khyber Pakhtunkhwa)



Grievance Form

HR MTI-GKMC/BKMC

Employee Grievance Form

Name of person making grievance: _____ Anonymous:

Job title: _____ Employee ID: _____ Date of joining: _____

Status: Student Employee Daily Wages Other: _____

Contact number: _____ Email: _____

Basis of complaint: Harassment Discrimination Unfair action/Violation of rights

Name of a person grievance is against? _____

If grievant group, additional participants:

Grievant Group Contact Information:

What occurrence and what specific behavior, condition, or violation of policy or procedure occurred which you consider discriminatory, harassing or unfair/violated your rights?



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Provide the name(s) of any witness(es) and their contact information , if known.

Date, time and place of event leading to grievance?

Is there a specific law, policy or guideline that you believe has been violated? Yes No

If yes which one/s _____

How have you been adversely affected by this situation?

In your opinion, what could be done to reasonably resolve this grievance?



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What Specific remedy do you request ?

Have you attempted to discuss this complaint with the individual? If so give details of this below.(attach a separate sheet if necessary).

Appeals: If the grievant, grievant group or respondent (the appellant is not satisfied with the decision the appellant may appeal the decision to higher authority (Board OF Governor.)

RESOLUTION PROCESS

(Please indicate the course of action you wish to proceed with)

I don't want to process further with this complaint _____

I want to meet with the DEAN/CEO HD MD ND HR

Note:

i. Please submit this form to HR department your case will be forwarded to concern committee, upon further process your will be notified.

ii. MTI GKMC/BKMC will not retaliate against a whistle-blower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or poor work assignments and threats of physical harm. Any whistle-blower who believes he/she is being retaliated against must contact the Human Resources Manager immediately. The right of a whistle-blower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

The grievant should retain a copy of this form for his/her records. The signature below indicates that you are filling a grievance, and any information on this form is truthful.

Employee signature: _____ Date: _____

Received by: _____ Date: _____