Form No. 10

Grievance Lodgment Form for Security Guards or Cleaning Staff

Part A: To Be Completed by the Case Officer

• Case Officer Verification: **Grievance Tracking No.:**

Mobile Number Status: **G-**_____

☐ Active ☐ Not active ☐ Not verified ☐ Not provided

Email Verification Status:

☐ Valid ☐ Not valid ☐ Not verified ☐ Not provided

Mandatory Response Status:

☐ Responded ☐ Partially responded ☐ Not responded

(The assigned tracking number will be notified to the Complainant)

Signature of the Case Officer with Date

Part B: To Be Completed by the Complainant

1. Grievance Information

Name (Optional): _____

Mobile Number *(Mandatory if email is not provided)* : _____

Email Address *(Mandatory if mobile is not provided)* : _____

2. Grievance Category *(Mandatory – Tick one as applicable)*

⇒ Harassment, Violence & Personal Safety

☐ Sexual Harassment

☐ Physical Assault and/or Threats

☐ Campus Safety & Security Lapses

⇒ Health, Hygiene & Medical Support

☐ Emergency Health Response

⇒ Any Other Grievance

☐ Emerging, Exceptional or Cross-Cutting Issues (Please specify below)

.....

3. Description of the Grievance (Mandatory)

Please provide a clear and detailed description of the grievance below. Attach additional sheets and supporting documents, if necessary.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....