UNIVERSITY OF ENGINEERING & TECHNOLOGY PESHAWAR



FACULTY GRIEVANCE FORM

Grievant Information

Name:			
Position:			
Department:			
Position Title:			
Contact Information:			
Campus Phone:			
Campus Address:			
Home Address:			
Home Phone:			
Cell Phone:			
Email address:			
State the specific reason(s) for this grievance: (Attach additional pages if necessary).			

Solution Requ	ested:	
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CERTIFICAT		
I hereby certify	that:	
	_	and correct to the best of my knowledge ed section/department/centre/directorate he grievance but in vain.
	Previously no complaint about the sub	<del>-</del>
		udicial proceedings in connection with the e pending before any court or judicial
	Tribunati	
Signa	uture	Date