Form (1)

Grievances and Complaints Committee

Grievance/ Complaint Form

Grievance Number: ----------

Date: ----------

complainant Information	
Full Name (4 Syllables)	
Employee NO.	
Job Title	
Department/Section	
Date of Appointment/Contract	
Mobile	

Content of the complaint: (with attached to the grievance summary and documentation)

I, the employee, certify the validity of the provided information	
Name	Signature

Send the form with attachments to email: hr.claim@uhb.edu.sa

Number: _____ Date: _____