



KESATUAN EKSEKUTIF AIROD SDN BHD
(Bil.Pendaftaran 871)
GRIEVANCE FORM

A. PERSONAL PARTICULARS :

EXECUTIVES'S NAME: _____

IDENTITY CARD NO: _____ EXECUTIVE NO: _____

DESIGNATION : _____

DEPARTMENT NAME : _____ DEPT. NO. : _____

TELEPHONE NO. : _____ EXT: _____

B. MYGRIEVANCE IS / ARE

(Explain in full giving specific article of Agreement violated or nature of Grievance. Attach supporting document or details, if any. Use additional paper as Appendix if this column is insufficient)

Executive's Signature: _____ Date: _____

Union Representative's: _____ Date: _____
Name & Signature

GRIEVANCE FORM RECEIVED BY:-

Name: _____

Post: _____

Signature: _____

Date: _____

C.c. Head Human Capital
Manager Industrial Relation