

**South Eastern University of Sri Lanka**  
**Appeal to the Grievance Hearing Committee**

**Convener  
Grievance Hearing Committee**

01. Full Name of the Appellant : .....
02. Designation : .....
03. Service No. : .....
04. Department : .....
05. Faculty : .....
06. Contact No. : .....
07. Subject matter of the Appeal : .....
- .....
- .....

08. Date on which the subject matter was initiated : .....

09. At what administrative level the particular grievance ascended: (Please tick appropriate)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Head of the Department  |
| <input type="checkbox"/> | Bursar  |
| <input type="checkbox"/> | Librarian   |
| <input type="checkbox"/> | Registrar   |
| <input type="checkbox"/> | Dean of the Faculty   |
| <input type="checkbox"/> | Vice Chancellor   |
| <input type="checkbox"/> | Any other, (specify. Please use separate sheet if necessary): ..... |

.....

10. At what administrative levels you tried to sought the grievances (relevant to your grievances):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Head of the Department  |
| <input type="checkbox"/> | Bursar  |
| <input type="checkbox"/> | Librarian   |
| <input type="checkbox"/> | Registrar   |
| <input type="checkbox"/> | Dean of the Faculty   |
| <input type="checkbox"/> | Vice Chancellor   |
| <input type="checkbox"/> | Any other, (specify. Please use separate sheet if necessary): ..... |

.....

11. Have you received any reply from the administrative levels as mentioned in question No. 09 and 10?

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Yes

No

12. If yes, what was the reply:

Reply from the administrative level mentioned in question No. 09 : .....

.....

Reply from the administrative level mentioned in question No. 10 : .....

.....

13. If No, state the reasons: .....

.....

14. Grounds for Appeal:

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Denial of the request

Failed to adhere relevant provisions

Incomplete, misleading or false reply

Refused to entertain the request within a stipulated time frame

Any other, (specify): .....

15. Brief description of grievance : .....

.....

.....

16. If Appeal has not been submitted within the specified time period, specify the reason with all possible evidences if any available cause of delay [5.1] : .....

.....

.....

I hereby certify that the above information furnished by me and true and accurate.

Date: .....

.....

**Signature**

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**For Office Use**

1. Appeal Received Date : .....

2. Whether the Appeal is in accordance with the ToR : .....

3. If No, the Date of the Appeal returned to the Appellant : .....

4. If Yes, the date on which the Appeal submitted to the Committee : .....

.....

**Convener**

**Grievance Hearing Committee**