**Grievance Redressal Mechanism**

Grievance includes any concern or complaints raised by an employee or any team with in Upaya that is hindering its business operation.

**Objective:**

The mechanism has been developed to enable employees to feel safe and sound in the work environment.

**Scope:**

The policy is applicable to all the employees employed in the company including interns.

**Policy Coverage**

The policy covers the grievances from the employees related to:

* Complaints regarding the colleagues’ behavior or misconducts
* Sexual Harassment or Discrimination
* Health and Safety Issues
* Environment and Safety Issues
* Issues related to timely disbursement of salary, benefits as per company’s Human Resource Policy
* Complaints related to third party associates of the organization

Each employee shall be made aware about the mechanism at the time of joining during induction process.

**Screening Body:**

The grievances will be looked into by the risk management committee and the Employee Engagement Committee.

**Grievance Record Terms**

1. The medium to convey the grievance may be through the written and verbal communication to the respective supervisor or in written form (Form attached in appendix herewith). Either way the communicated grievance should be recorded as expressed.
2. In case any employee wishes to file an anonymous complaint, s/he may do so in the written form. The resolution to which will be announced through office mail.
3. The received grievance will be recorded based on the subject; an employee among the above mentioned committee will be assigned from any of the department who will be responsible for handling the complaint of their concerned department.
4. A tentative time will be provided to the complaint to resolve the matter. An adequate response should be given to the employee having grievance along with the suggestions for resolution.
5. The grievance recorded in the forms will be filed on immediate basis.

**Appendix I:**

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| **A: Employee Profile** | |
| Name: | Department: |
| Mobile No: | Email id: |

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| --- |
| **B: Complaint Information:** |
| Complaint Date: |
| Complaint Received by: |
| Complaint Details: |
| Suspected Cause: |
| Corrective Action: |
| Steps to avoid the repetition of the problem: |