**نموذج تظلم** **HRM-P-25-F-01**

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| **اسم الموظف:** | | |  | | | | | | | |
| **المسمى الوظيفي:** | | |  | | | | | | | |
| **المديرية/ الوحدة:** | | |  | | | | |  | | |
| **سبب التظلم ( الرجاء سرد الحقائق بالتفصيل):** | | | | |  | | | | | |
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| **تاريخ وقوع التظلم: / /** | | | | | | | | | | |
| **الإجراء المطلوب اتخاذه:** | | | | | | | | | | |
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| **الوثائق والبينات والقرائن المرفقة:** | | | | | | | | | | |
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| **ملاحظات:** | | | | | | | | | | |
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| **التاريخ:** |  | | | | | | **التوقيع:** | |  | |
| **قرار لجنة التظلم** | |  | | | | | | | | |
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| **التاريخ: / /** | | | | | | | | | | |
| **توقيع أعضاء لجنة التظلم:** | | | | | | | | | | |
| **الاسم** | | | | **التوقيع** | | **الاسم** | | | | **التوقيع** |
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