

# GURU NANAK INSTITUTE OF DENTAL SCIENCES & RESEARCH

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## COMPLAINT FORM FOR GRIEVANCES

( EXCEPT RAGGING , SEXUAL HARRASSMENT , INDISCIPLINE & MISCONDUCT RELATED ISSUES )

COMPLAINANT DETAILS – RECORD & RECEIVE	
COMPLAINANT NAME	
DETAILS OF COMPLAINANT	
PHONE NUMBER OF COMPLAINANT	
ADDRESS OF COMPLAINANT	
DESCRIPTION OF THE COMPLAIN WITH DATE & TIME	
SIGNATURE OF COMPLAINANT	
COMPLAINT RECIEVED BY INCHARGE ( SIGNATURE WITH DATE )	

TO BE FILLED BY GRIEVANCE REDRESSAL COMMITTEE INCHARGE ONLY		
GRIEVANCE TYPE	1. EXAMINATION & RESULTS RELATED 2. INFRASTRUCTURE RELATED 3. HOSTEL & MESS RELATED 4. ACADEMIC ACTIVITIES RELATED 5. SPORTS ACTIVITIES RELATED 6. OTHERS _____	
FORWARDED TO CONCERNED STAKEHOLDER WITH NAME & DESIGNATION		
VERIFICATION & ANALYSIS BY STAKEHOLDER INCHARGE		
VERIFICATION OF GRIEVANCE DONE	YES	NO
INTERACTION WITH ALL STAKEHOLDERS IN THE COMPLAINT DONE	YES	NO

OBSERVATION REPORT WITH DATE		
FEEDBACK TO COMPLAINANT GIVEN	YES	NO
ESCALATION REQUEST		
REQUEST RECEIVED	YES	NO
REQUEST RECEIVED FROM	STAKEHOLDER INCHARGE	COMPLAINANT
ESCALATED TO		
OBSERVATION REPORT FROM ESCALATED LEVEL		
ACTION TAKEN		
SUMMARY OF ACTION TAKEN WITH DATE / TIME ( IN CONSENSUS WITH GRC )		
SIGNATURE OF INCHARGE		