

GURU NANAK INSTITUTE OF DENTAL SCIENCES & RESEARCH

157/F , Nilgunj Road, Panihati , Kolkata – 700114

COMPLAINT FORM

(MISCONDUCT & DISCIPLINARY ISSUES ONLY)

COMPLAINANT DETAILS – RECORD & RECEIVE	
COMPLAINANT NAME	
DETAILS OF COMPLAINANT	
PHONE NUMBER OF COMPLAINANT	
ADDRESS OF COMPLAINANT	
DESCRIPTION OF THE COMPLAINT	
DATE & TIME OF COMPLAINT	
PLACE OF COMPLAINT	
SIGNATURE OF COMPLAINANT	
COMPLAINT RECIEVED BY INCHARGE OF COCD COMMITTEE – SIGNATURE WITH DATE	

TO BE FILLED BY INCHARGE OF COCD COMMITTEE ONLY		
FORMATION OF REVIEW TEAM	YES	NO
DATE OF FORMATION		
MEMBERS ALLOTTED FOR THE REVIEW OF INCIDENT		
VERIFICATION OF COMPLAIN BY REVIEW TEAM & REPORT SUBMITTED		
LEVEL OF SERIOUSNESS	1 2 3 4 5 6 7 8 9 10	
INTERACTION WITH ALL STAKEHOLDERS IN THE COMPLAINT DONE	YES	NO

BREACH OF CODE NOTED	YES	NO
OBSERVATION REPORT WITH DATE		
FEEDBACK TO COMPLAINANT GIVEN	YES	NO
ESCALATION REQUEST		
REQUEST RECEIVED	YES	NO
REQUEST RECEIVED FROM	REVIEW TEAM	COMPLAINANT
ESCALATED TO		
OBSERVATION REPORT FROM ESCALATED LEVEL		
ANALYSE & ACTION		
TYPE OF ACTION TAKEN	CONCILLIATION & SETTLEMENT	SANCTION & PENALTY
SUMMARY OF ACTION TAKEN WITH DATE / TIME		
MEDIATOR NAME (IF ANY)		
SIGNATURE OF INCHARGE		