

# GURU NANAK INSTITUTE OF DENTAL SCIENCES & RESEARCH

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

## COMPLAINT FORM

( FOR RAGGING & SEXUAL HARRASSMENT 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 ( SIGNATURE WITH DATE )	

TO BE FILLED BY AR / ICCW COMMITTEE CHAIRPERSON ONLY		
FORMATION OF RAPID TASK FORCE	YES	NO
MEMBERS ALLOTTED FOR THE REVIEW OF INCIDENT		
VERIFICATION OF COMPLAIN BY TASK FORCE & ENQUIRY REPORT SUBMITTED ( WITHIN 24 HOURS )		
LEVEL OF SERIOUSNESS	1 2 3 4 5 6 7 8 9 10	

INTERACTION WITH ALL STAKEHOLDERS IN THE COMPLAINT DONE	YES	NO
OBSERVATION / ENQUIRY REPORT WITH DATE & TIME		
FEEDBACK TO COMPLAINANT GIVEN	YES	NO
DETAILS OF FIR FILED WITH LOCAL POLICE STATION		
ESCALATION REQUEST ( AT INSTITUTIONAL LEVEL )		
REQUEST RECEIVED	YES	NO
REQUEST RECEIVED FROM	REVIEW TEAM	COMPLAINANT
ESCALATION REQUIRED	YES	NO
ESCALATED TO		
OBSERVATION REPORT FROM ESCALATED LEVEL		
ANALYSE & ACTION ( AT INSTITUTIONAL LEVEL )		
TYPE OF ACTION TAKEN IN CONSENSUS WITH ARC / ICCW	CONCILLIATION & SETTLEMENT	SANCTION & PENALTY
SUMMARY OF ACTION TAKEN WITH DATE / TIME		
MEDIATOR NAME ( IF ANY )		
SIGNATURE OF INCHARGE		