

KISHORE BHARATI BHAGINI NIVEDITA COLLEGE (CO-ED)

148, Ramkrishna Sarani, Vivekananda Pally, Behala, Kolkata-700060

kbbncollege@gmail.com

Grievance Redressal Form

Personal Information

Name of the Complainant: _____

Roll Number/Employee ID: _____

Department: _____

Email ID: _____

Phone Number: _____

Grievance Details:

Type of Grievance: (Please select)

Academic

Non-Academic

Ragging

Sexual Harassment

Other: _____

Description of Grievance: (Please provide a detailed description of your grievance)

Date of Incident: _____

Persons Involved: _____

Previous Actions Taken (if any): (Please describe any previous steps you have taken to address this grievance)

Preferred Resolution: _____

What resolution would you consider satisfactory?

Supporting Documents: _____

Please attach any relevant documents that support your grievance.

Declaration

I hereby declare that the information provided above is true to the best of my knowledge and belief. I understand that providing false information or misleading the Grievance Redressal Cell may result in disciplinary action.

Signature: _____

Date: _____

For Official Use Only:

Grievance Received By: _____

Date of Receipt: _____

Grievance Reference Number: _____

Action Taken: _____

Remarks: _____

Please submit the completed form either through the email or by placing it in the dropbox located in office. The Grievance Redressal Committee will review your complaint and take necessary actions promptly.

Contact Information:

Phone No - (033) 2404 3206

Website: www.kbbnc.ac.in

Email: kbbncollege@gmail.com