

**COMPLAINT FORM
(FOR FILING COMPLAINT OF SEXUAL HARASSMENT)**

Sexual harassment within the Institute is a **serious concern** that affects the safety, dignity, and well-being of all individuals. The Institute maintains **ZERO TOLERANCE** towards any form of sexual harassment and is committed to providing a **safe, respectful, and inclusive environment** for all stakeholders—students, faculty, staff, and visitors. In accordance with applicable laws and institutional policy, any individual who experiences or witnesses sexual harassment is **encouraged to report the incident**. Any women can file a complaint with the **Internal Complaints Committee (ICC)** as per following process:

- To be filled by Aggrieved women or anyone on her behalf
- The complainant must fill all the required information and provide signature on each page of this form
- This form along with supporting documents must be submitted to ICC within 90 days from the date of last incident of sexual harassment
- This form is confidential and unauthorized reproduction , distribution, publication and disclosure in any form is prohibited under **Section 14 of the POSH Act 2013**

PART I: Complainant's Particulars

Name:.....Gender:.....
Date of Complaint filing:.....
Contact details - Mobile No.Email.....
Course.....Branch.....Year.....
Semester..... Roll No.....
Relation of complainant with the aggrieved women (Mention self if filing herself).....
.....

PART 2: Aggrieved woman's Particulars

Name:.....Gender:.....
Contact details - Mobile No.Email.....
CourseBranch.....Year.....
Semester..... Roll No.....

Sign. of Complainer

PART 3: Respondent's Particulars

Name:.....Gender:.....
Contact details - Mobile No.Email.....
Course.....Branch.....Year.....
Semester.....Roll No.....
Relation of aggrieved woman with respondent.....

PART 4: Brief of Sexual Harassment

Description of sexual harassment (with date&time)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Sign. of Complainer

Describe the physical and mental suffering aggrieved woman experiencing now due to the sexual harassment committed by the respondent.

.....

.....

.....

.....

.....

.....

.....

.....

PART 5: Particular's of Witnesses and Evidences

1. Is there any evidence or eyewitness of sexual harassment committed by the respondent?

.....

.....

.....

.....

.....

.....

2. Mention details of evidence of the incidence for supporting your complaint (optional).

.....

.....

.....

.....

.....

Name of Witness:.....

Contact details - Mobile No.Email.....

Course Branch..... Year.....

Semester..... Roll No.....

Relation of aggrieved woman with respondent.....

Sign.of Complainer

DECLARATION

I(name of complainer) filing complaint of sexual harassment on.....(date and day) against(name of respondent).

I declare that the above information given by me in this complaint is true and best of my knowledge. I am responsible for this complaint filed by me and aware that I can be punished for any malicious or false complaints.

Sign.of Complainer

Date:

Place: