SEXUAL HARASSMENT COMPLAINT FORMAT

To,

The Presiding Officer, Internal Complaints Committee

Complainant Details

Name:

Designation & Department:

Contact Details:

Incident Details

Date(s) of Incident:

Time & Location:

Detailed Description of Incident:

Respondent Details

Name & Designation of Respondent:

Witnesses (if any)

Names & Contact Details:

Relief Sought

Details of interim or final relief requested:

Declaration

I hereby declare that the information provided above is true to the best of my knowledge.

Signature of Complainant

Date