

**INTERNAL COMPLAINT COMMITTEE**

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**Proforma for Filing of Complaints of Sexual Harassment**

**I. Complainant(s):**

Student/academic staff/ non-teaching staff

Name : \_\_\_\_\_

Age : \_\_\_\_\_

Address : \_\_\_\_\_

The complaint : \_\_\_\_\_

\_\_\_\_\_

Phone number : \_\_\_\_\_

Email : \_\_\_\_\_

**II. Person(s) against whom the complaint is being lodged:**

Name : \_\_\_\_\_

Age : \_\_\_\_\_

Sex : \_\_\_\_\_

Address : \_\_\_\_\_

Phone number : \_\_\_\_\_

Email : \_\_\_\_\_

**Additional details of the complaint may be recorded here:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date:

Signature:

Place:

Name: