

COLLEGE OF NURSING, GSVM MEDICAL COLLEGE CAMPUS, KANPUR

COMPLAINT FORM (For filing complaint of sexual harassment)

Date of Complaint Filing: _____

Name of the Complainant _____

Please read below instructions carefully.

- (1) To be filled by aggrieved women or others on her behalf.
- (2) This complaint form along with required supporting documents must be submitted to IC, LC within time of 90 days from the date of last incident of sexual harassment.
- (3) The complainant must fill in all the required information and provide signature on each page of this form.
- (4) This complaint form is confidential document and unauthorized reproduction, distribution, publication and disclosure of this form is prohibited under Section 16 of the POSH Act 2013.
- (5) Filing false or malicious complaint with false evidence, and providing misleading or forged documents is punishable offence as per sec. 14 of the POSH Act 2013.

THIS FORM CONSISTS OF FIVE PARTS

Part -1 Complainant's Particulars

Part -2 Aggrieved women's Particulars

Part -3 Respondent's Particulars

Part -4 Brief of Sexual Harassment

Part -5 Particulars of witnesses and evidences

1 Part -1 Complainant's Particulars

- 1) Full name of complainant: _____ Gender: _____
- 2) Contact Details of complainant (Mobile No.) _____ email _____
- 3) Date of birth of complainant: _____
- 4) Residential Address of complainant (Present): _____
- 5) Residential Address of complainant (Permanent): _____
- 6) Name of the person with address where complainant is working/studying _____
- 7) Designation of complainant: _____ Duration of employment/year of study _____
- 8) ID of the complainant: _____
- 9) Relation of complainant with aggrieved women (mention self if filing herself): _____

Signature of Complainant _____

Part -2 Aggrieved women's (victim women) Particulars

- 1) Full name of aggrieved women: _____
- 2) Contact Details of aggrieved women (Mobile No.) _____ email _____
- 3) Date of birth of aggrieved women: _____
- 4) Residential Address of aggrieved women (Present): _____
- 5) Residential Address of aggrieved women (Permanent): _____
- 6) Name of organization with address where aggrieved women is working: _____
- 7) Designation of aggrieved women: _____
- 8) Duration with present organization: _____
- 9) ID of the aggrieved women: _____

Signature of Complainant _____

Part -3 Respondent's Particulars

- 1) Full name of respondent (against whom complaint is filled): _____
- 2) Contact Details of respondent (Mobile No.) _____ email _____
- 3) Residential Address of respondent (Present): _____
- 4) Residential Address of respondent (Permanent): _____
- 5) Name of organization with address where respondent is working: _____
- 6) Designation of respondent: _____
- 7) Working relation of aggrieved women with respondent: _____

Signature of Complainant _____

Part -4 Brief of Sexual Harassment

- 1) Number of sexual harassment incidences done by the respondent: _____
- 2) Are aggrieved women and respondent in the same organization or same department when the incidence of sexual harassment happened? _____
- 3) What was the date of last incidence of sexual harassment? _____
- 4) Mention date and time wise description of sexual harassment done by respondent: (take additional sheet if required)

Incident -1

Date: _____ Time: _____ Place: _____

Description:

Incident -2

Date: _____ Time: _____ Place: _____

Description:

5) Describe the physical and mental suffering of aggrieved women experiencing now due to the sexual harassment committed by the respondent.

6) Does aggrieved women undergone any treatment by a psychiatrist or physician due to the sexual harassment committed by the respondent? (attach the supporting documents)

Signature of Complainant _____

Part -5 Particulars of witnesses and evidences

1) Is there any evidence or eye witness of sexual harassment committed by the respondent? (IC can call and cross check witnesses and evidences during redressal)

2) Mention details of evidence of the incidence for supporting your complaint:

3) Full name of witness: _____

4) Contact Details witness (Mobile No.) _____ email _____

5) Residential Address of witness (Present): _____

6) Residential Address of witness (Permanent): _____

Signature of Complainant _____

7) Name of person with address where witness is working: _____

8) Designation of witness: _____

9) Relation of aggrieved women with witness: _____

Signature of Complainant _____

Declaration:

I (Full name of complainant) _____ filing
complaint of sexual harassment on this 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.

Name of the complainant _____

Date: _____ Place: _____

Signature of Complainant _____