



FORM FOR FILING COMPLAINT OF SEXUAL HARASSMENT AT WORKPLACE

- (To be filled by aggrieved women or others on her behalf)
- (This complaint form along with supporting documents must be submitted to ICC, LCC or shebox.wcd.nic.in)
- (The complainant must fill in all the required information and provide signature on each page of this form)

THIS FORM CONSISTS OF FIVE PARTS

- ☐ **Part -1 Details of Complainer**
- ☐ **Part -2 Details of aggrieved women**
- ☐ **Part -3 Details of Respondent**
- ☐ **Part -4 Description of sexual harassment**
- ☐ **Part -5 Details of witnesses and evidences**

Part -1 Details of Complainer

- 1) Date of Complaint Filing: _____
- 2) Full name of complainer: _____ Gender: _____
- 3) Contact Details of complainer (Mobile No.) _____ email _____
- 4) Date of birth of complainer: _____
- 5) Residential Address of complainer (Present): _____
- 6) Residential Address of complainer (Permanent): _____
- 7) Name of Employer with address where complainer is working: _____
- 8) Designation of complainer: _____ Duration of employment: _____
- 9) Work ID of the complainer: _____
- 10) Relation of complainer with aggrieved women (mention self if filing herself): _____
(Co-worker, employer, reporting manager etc.)

Part -2 Details of aggrieved women

- 11) Full name of aggrieved women (victim women): _____
- 12) Contact Details of aggrieved women (Mobile No.) _____ email _____
- 13) Date of birth of aggrieved women: _____
- 14) Residential Address of aggrieved women (Present): _____
- 15) Residential Address of aggrieved women (Permanent): _____
- 16) Name of Employer with address where aggrieved women is working: _____
- 17) Designation of aggrieved women: _____
- 18) Duration of employment with present employer: _____

Signature of Complainer _____



SRI RAMAKRISHNA DENTAL COLLEGE AND HOSPITAL



An ISO 9001:2015 Certified Organisation (NAAC ACCREDITED)
A Constituent Institution of SNR and Sons Charitable Trust
(Affiliated to the Tamilnadu Dr. M.G.R. Medical University, Chennai and Recognised by Dental Council of India, Delhi)

19) Work ID of the aggrieved women: _____

Part -3 Details of Respondent

- 20) Full name of respondent (against whom complaint is filled): _____
- 21) Contact Details of respondent (Mobile No.) _____ email _____
- 22) Residential Address of respondent (Present): _____
- 23) Residential Address of respondent (Permanent): _____
- 24) Name of Employer with address where respondent is working: _____
- 25) Designation of respondent: _____
- 26) Working relation of aggrieved women with respondent (Employer, Reporting Manager, co-employee, junior staff, other) : _____

Part -4 Description of sexual harassment

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

Date-1: _____ Time: _____ Place: _____

Description:

Date-2: _____ Time: _____ Place: _____

Description:

Signature of Complainer _____



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

32) Have you undergone any treatment by a psychiatrist or physician due to the sexual harassment committed by the respondent? (attach the supporting documents)

Part -5 Details of witnesses and evidences

33) Is there any evidence or eyewitness of sexual harassment committed by the respondent? (ICC can call and cross check witnesses and evidences during redressal)

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

35) Full name of witness: _____

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

37) Residential Address of witness (Present): _____

38) Residential Address of witness (Permanent): _____

39) Name of Employer with address where witness is working: _____

40) Designation of witness: _____

41) Working relation of aggrieved women with witness (Employer, Reporting Manager, co-employee, junior staff, other): _____

Declaration:

I (Full name of complainer) _____ filing
complaint of sexual harassment on this date and day _____ against (Name of
responder) _____

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.

Signature of Complainer _____



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Signature of the complainer _____

Date: _____ **Place:** _____

Attachments:

- 1) Concern letter of aggrieved women in case of complaint filed by any other person.
- 2) Evidences if any

Signature of Complainer _____