SRI RAMAKRISHNA DENTAL COLLEGE AND HOSPITAL

(Educational Service: SNR Sons Charitable Trust)
Affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai,
Recognised by Dental Council of India, New Delhi
(Accredited by NAAC, AN ISO 9001:2015 Certified Institution)

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 _____

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 _____

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

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ZERO TOLERANCE POLICY (ZTP) AGAINST SEXUAL HARASSMENT

1) **We committed to provide safe environment for all its employees free from discrimination on any ground and from harassment at work including sexual harassment.**
2) **We operate a zero tolerance policy for any form of sexual harassment in the workplace, treat all incidents seriously and promptly investigate all allegations of sexual harassment.**
3) **Any person found to have sexually harassed another will face disciplinary action, up to and including dismissal from employment. Further accused can face legal actions like FIR.**
4) **All complaints of sexual harassment will be taken seriously and treated with respect and in confidence.**
5) **In this organization no one will be victimized for making complaint for sexual harassment.**
6) **In case of Physical, Verbal or any other Sexual Harassment, immediately complaint to following authorities,**

Internal Complaint Committee (ICC) Members

1) Dr. J.Dinakar - Principal Member (Mob.9843129572)
2) Dr. Sidra Bano - Chairperson (Mob. 9620554862)
3) Dr. Surya - Member (Mob.9443733557)
4) Dr. Jenny - Member (Mob.9080933322)
5) Dr. Nachammai - Member (Mob.9080933322)
6) Dr.Harshini - Member (Mob.8296494566)
7) Dr. Sheela - Member (Mob.9655986919)
8) Dr. A.Krithika - Member (Mob.9894032925)
9) Dr.Pavithrarani- Member (Mob.9789321747)
10) Dr.Munshi - Member (Mob.9894327778)
11) Dr.Bharathan - Member (Mob.9789871715)
12) Dr.Minu Koshy- Member (Mob.9047446769)
13) Dr.Mithra - Member (Mob.9790463891)
14) Dr.Syed Ershad Ahmed- Member (Mob.7418832754)

email id : sidrabanu@srdch.ac.in

Sexual harassment includes physical contact and advances; a demand or request for sexual favors; making sexually colored remarks; showing pornography; or any other unwelcome physical, verbal or non-verbal conduct of sexual nature.