

Veer Shaheed Rajkiya Sanatkottar Mahavidyalay Dakpathar, Dehradun

Sexual Harassment of Women at Workplace – Prevention, Prohibition and Redressal cell

Complaint Form

Name of the complainant:

Class/Designation:

Mobile No.:

E mail:

Address for correspondence:

Name of the respondent:

Class/Designation:

Date of the complaint filed:

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Details of complaint:

(Please include full information regarding the incident, names of the alleged persons, dates and why you feel this is sexual harassment.)

Signature of the Complainant:

Received by

Date: