# University of Calicut
# COMPLAINT FORM
**(For filing complaint of sexual harassment)**

## 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**

## Part -1 Complainant's Particulars

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: _____

**Signature of Complainer** _____

10) Relation of complainer with aggrieved women (mention self if filing herself): _____
(Co-worker, employer, reporting manager etc.)

## Part -2 Aggrieved women's Particulars

1) Full name of aggrieved women (victim 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 Employer with address where aggrieved women is working:
_____
7) Designation of aggrieved women: _____
8) Duration of employment with present employer: _____
9) Work ID of the aggrieved women: _____

## 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 Employer with address where respondent is working: _____
6) Designation of respondent: _____
7) Working relation of aggrieved women with respondent (Employer, Reporting Manager, co-employee, junior staff, other) :_____

**Signature of Complainer** _____

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## Part -4 Brief of Sexual Harassment

1) Number of sexual harassment incidences done by the respondent: _____
2) Are aggrieved women and responded working 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)**

   Date-1: _____Time: _____Place:_____
   **Description:**

   _____

   _____

   _____

   _____

   Date-2: _____Time:_____Place:_____
   **Description:**

   _____

   _____

   _____

   _____

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

   _____

   _____

   _____

   _____

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

   _____

   _____

**Signature of Complainer** _____

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## Part -5 Particulars of witnesses and evidences

1) Is there any evidence or eyewitness 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):_____
7) Name of Employer with address where witness is working: _____
8) Designation of witness: _____
9) 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 the complainer**_____

Date: _____Place: _____

**Attachments:**

1) Concern letter of aggrieved women in case of complaint filed by any other person. (If aggrieved women in not in position to issue concern letter due to mental or physical incapability, attach letter of physician or psychiatrist)

**Signature of Complainer** _____

2) Evidences if any.

**Signature of Complainer** _____