THENI MELAPETTAI HINDU NADARGAL URAVINMURAI



Approved by AICTE, New Delhi & Affiliated to Anna University, Chennai Accredited by NAAC with "A" Grade

An ISO 9001 : 2015 Certified Institution Vadapudupatti, Annanji (po), Theni - 625 531

## **Internal Complaints Committee – Complaint Form**

## **Instructions:**

This form is to be filled by any student, faculty, or staff member who wishes to report an incident of sexual harassment. Please provide as much detail as possible. All information will be treated with strict confidentiality.

Complainant Details
Full Name:
Gender: □ Male □ Female □ Other
Designation: $\square$ UG Student $\square$ PG Student $\square$ Research Scholar $\square$ Faculty $\square$ Staff
Department / Program:
Roll Number / Employee ID:
Contact Number:
Email ID:
Respondent Details
Name of the Person Complained Against:
Designation / Department (if known):
Incident Details
Date(s) and Time(s) of Incident(s):
Location(s) of Incident(s):
Description of the Incident:
(Attach additional sheets if necessary)
Witnesses (if any):
Supporting Documents Attached: $\square$ Yes $\square$ No
(If yes, list them:)
Declaration
$\square$ I hereby declare that the information provided above is true to the best of my knowledge. I understand that any false complaint is liable for disciplinary action as per institutional policy.
Signature:
Date:/
<del></del>