

Annexure B

Format of the Complaint

| Sr. No. | Query | Particulars |
|--|--|-------------|
| 1) | Name of Complainant | |
| 2) | Address and contact number of the Complainant | |
| 3) | Name, address and contact of next of kin of the Complainant | |
| 4) | Designation of the Complainant | |
| 5) | Immediate supervisor of the Complainant | |
| 6) | Employer of the Complainant | |
| 7) | Name of Respondent | |
| 8) | Address and contact number of the Respondent, if available | |
| 9) | Name, address and contact of next of kin of the Respondent, if known | |
| 10) | Designation of the Respondent, if known | |
| 11) | Immediate supervisor of the Respondent, if known | |
| 12) | Employer of the Respondent, if known | |
| 13) | Details of the incident | |
| 14) | Date and time of incident (If more than one, kindly mention all the dates and times) | |
| 15) | Place of incident (If more than one, kindly mention all the places) | |
| 16) | Witnesses to the incident, if any (If more than one, kindly mention all the witnesses) | |
| 17) | Any oral or written evidence of the incident (attach copies of the documents, if any) | |
| 18) | Names and addresses of person(s) who the Complainant confided in about the incident, if applicable | |
| 19) | Any further relevant details | |
| 1. I state that the information as stated above is true and accurate | | |
| Date: | | |
| Signature of Complainant | | |