This is only a format to guide you in filing a complaint of sexual harassment. If you wish to submit it in any other format, please ensure to provide all details

## Complaint of Sexual Harassment at Workplace

To		Date	Date:						
<nan< td=""><td>ne of member or</td><td>Presiding Officer</td><td><u>&gt;,</u></td><td></td><td></td></nan<>	ne of member or	Presiding Officer	<u>&gt;,</u>						
Inter	nal Complaints (	Committee							
L. M	. College of Pha	rmacy							
Navr	angpura, Ahmed	labad							
Sub:	Complaint of se	exual harassment a	t workplace						
]	Details of the complainant								
]	Name	:							
]	Designation	:							
(	Class/Departmer	nt:							
	-	:							
]	Details of the acc	cused							
	Name	:							
	Designation	•							
	Class/Departmer								
	-	ss of the Company	/place of work:						
	Mobile number (	1 ,	place of work.						
-	(	(ii a vaiiasie).							
1. ]	[,			full name) am s	studying /working				
ä	associated with L. M. College of pharmacy since(date)				lge this complaint				
				(name of accused) for					
1	having sexually	harassed me at the	work place.						
2. ]	My association/ professional relation with the accused, and since when, is as below:								
_									
_									
_									
_									
_									
3. ]	Details about the	incident or incide	ents of sexual harassment:	:					
[If yo	ou have faced mo	ore than one incide	ent, start from the first inc	cident. Describe	the incident and				
ment	ion the date, tim	e, place, people pi	resent, if any, and other c	ircumstances fo	r every incident;				
and h	how you respona	led, and what impo	act did it have on you. If y	ou wish you mo	ay use the format				
belov	w to describe the	incident/s.] (You	may use a separate sheet	of paper if you	want more space				
to wr	rite or if you do 1	not want to put it is	n a tabular format)						
Sr	Date and	Place of	Description of the	My	How it has				
No.	time	incident	incident	response	affected me				

	[1	I have the following as evidence to substantiate my claim:  [In case you have any evidence state it below; if you do not have evidence leave it blank]  a. List of documentary evidence (if any):								
	b. Audio/ Video clips (if any):									
	c	c. Names of witnesses (if any):								
	d. Any other (specify)									
5. I have enclosed the following as evidence along with this complaint (if any)										
6. I request you to treat this as a complaint under section 9 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013.										
<ul><li>7. I request the ICC to:[Tick the option of your choice]</li><li>a. I request the IC to settle the matter between me and the alleged perpetrator through</li></ul>										
		conciliation	before proceeding O							
	b	o. I do <b>not</b> wan		er through conciliation, and	l request the Co	ommittee to				
		proceed with	the formal inquir	у						
	8. Any other matter that you would want to inform /request the Internal Complaints Committee.									
Signature of complainant			nant	Addres	ss:					
Γ	ate:									
Email ID:				Mobile no:						
N	Note: Please use additional sheets, if you need more space, with proper labelling.									