

ST. ALOYSIUS (DEEMED TO BE UNIVERSITY), MANGALURU
INTERNAL COMMITTEE (IC)
COMPLAINT FORM FOR SEXUAL HARASSMENT

Instructions

- This form must be filled by the aggrieved person or someone on her behalf.
- The complaint must be submitted **within 90 days** from the date of the incident.
- All information must be accurate and complete.
- This document is **strictly confidential** under POSH Act, 2013.
- False or malicious complaints are punishable under law.

Date of Complaint: _____

PART 1: COMPLAINANT DETAILS

1. Full Name: _____
2. Gender: _____
3. Mobile Number: _____
4. Email ID: _____
5. Date of Birth: _____
6. Present Address: _____

7. Permanent Address: _____

8. Status (Tick one):
 Student Faculty Staff Research Scholar Other
9. Department/Designation: _____
10. ID Number (if applicable): _____
11. Register Number (if applicable): _____
12. Class/Course (if applicable): _____
13. Filing on behalf of (if applicable): _____

PART 2: AGGRIEVED PERSON DETAILS (if different)

1. Full Name: _____
2. Contact Number: _____
3. Email ID: _____
4. Address: _____
5. Department/Designation: _____

PART 3: RESPONDENT DETAILS

1. Full Name: _____
2. Mobile Number (if known): _____
3. Email ID (if known): _____
4. Address: _____
5. Designation/Status: _____
6. Relationship with complainant:
 Faculty Student Staff Other

PART 4: DETAILS OF INCIDENT

1. Date of Incident: _____
2. Time: _____
3. Place: _____
4. Detailed Description of Incident:

(Attach additional sheets if required)

PART 5: DETAILS OF HARASSMENT

Tick applicable:

- Physical contact or advances
- Demand/request for sexual favours
- Sexually coloured remarks
- Showing pornography
- Online harassment
- Creating hostile environment
- Any other (specify): _____

PART 6: IMPACT OF INCIDENT

1. Physical/Emotional impact:

2. Medical/Psychological treatment taken (if any):

PART 7: EVIDENCE & WITNESSES

1. Do you have evidence? Yes No

If yes, specify:

2. Witness Details (if any):

- Name: _____
- Contact: _____
- Relation: _____

PART 8: PREVIOUS ACTION (IF ANY)

1. Was the complaint reported earlier? Yes No

If yes, details:

PART 9: RELIEF SOUGHT

(What action/support do you expect?)

DECLARATION

I hereby declare that the information provided above is true to the best of my knowledge. I understand that this complaint will be handled confidentially under the POSH Act, 2013.

Name: _____

Signature: _____

Date: _____