

GENDER HARASSMENT INCIDENT REPORT / COMPLAINT FORM

Instructions: Please drop the completed forms at the **ICC Box** kept outside the Director Office(First Floor - College Block)

Mail to : **genderharassment@smvmch.ac.in**

The information provided on this form will assist in the investigation of a complaint of gender harassment. Please feel free to attach as many additional sheets of information as necessary. Any member of the campus community may assist you in completing this form.

The person alleging harassment will be called the “Complainant”, and the person against whom the complaint is made will be called the “Respondent”. **This form may be used to report an incident or to file a formal complaint.**

Complaint Person

Name _____

Department _____

Respondent

Name _____

Department _____

Statement of events provided by complaint or Reporting Person

Please provide a detailed statement of the incident, including dates, places, and names of witnesses.

Please attach additional sheets as needed.

Signature of Complaint: _____ **Date:** _____