

ANSAR WOMEN'S COLLEGE, PERUMPILAVU

Sexual Harassment Complaint Form

Name of the Complainant:

Department:

Phone Number:

E-mail:

Date:

Name of the Accused:

Relationship of the Accused to the Complainant:

Date of Incident:

Where did the specific event occur?

Please explain the events that occurred:

Is there any physical evidence that supports your complaint? If so, please describe or attach a copy of evidence:

I hereby declare that the information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint.

Signature of the Complainant:

Date: