**Harassment Complaint Form Case No:** The Administration encourages you to contact **Committee for the Protection against Harassment at Work Place** if you have a complaint or concern, or you experience a problem that affects you. We ask you to complete this form within 3 working days after the incident or problem first occurred. Administration will contact you as soon as possible.

Your name: Date:

Status: Faculty

Student

Staff 

Department/ Title:

Class and Roll No:

Phone No:

I.D. Card No:

Complaint/ Concerned Information:

Date of Incident:

Time of Incident:

Location of Incident:

Please describe the complaint:

Are there others who have witnessed this behaviour or others who have experienced similar concern or problem? If so, please provide their name(s) and contact number(s).

Do you have any additional information or comments?

I hereby solemnly declare the information stated above is true and accurate and if found false, disciplinary action may be taken. 

Signature of the complainant: