Complaint Form (POSH)

This format can be used by any female employee who wishes to lodge a complaint of Sexual Harassment at Workplace

(Any information / details provided by the Aggrieved Individual / Complainant shall be kept confidential)

❖ Section 1:
Details of the Aggrieved Individual / Victim

Name	
Designation	
Division/Unit/Department	
Contact Number	
Address (office)	

(If applicable) Details of Complainant who is filling the form on behalf of the aggrieved individual / victim.

Name	
Relationship with Aggrieved Individual (Victim)	
Designation (if Complainant is an employee)	
Division/Unit/Dept.(if Complainant is an employee)	
Contact number	
Address (office/administrative unit where the complainant works)	

Reason for which Aggrieved Individual is unable to file the complaint	**Physical incapacity** ☐ **Mental incapa city** ☐ **Death** ☐ **Any other reason**

❖ Section 2:

Details of the Alleged Harasser

Name	
Designation	
Division / Unit / Department	
Contact Number	
Address (place of work of the alleged harasser)	

❖ Section 3:
Details of the Incident

Description of the incident	

Other details (if the incident was repeated / any previous related incident)	
Date and Time of the Incident / Incidents	

Details witness /witnesses	**1.** **2.** **3.** **4.** **5.**
Details of any documents vailable (E.g. Messages, email, letter etc.)	
Details of any persons contacted by the aggrieved individual after the incident **(If any)**	
Any other relevant information / comments	

❖ Section 4:

Any additional information and comments if any:

❖ Section 5:

Name of the Aggrieved Individual:

Signature Date:

Name of the complainant (If applicable):

Signature Date:

Please note: Signature of the Aggrieved Employee/Complainant on the bottom of every sheet.