Format of Filing a Workplace Sexual Harassment Complaint

Format of Filing Complaint

Date of	the co	mplaint	t submission:								
Name of	f the C	Complai	inant:								
Designa	ition: _										
Function	n/Depa	artment	::								
Name of	f the F	Respon	dent:								
Designa	ition: _										
Function	n/Depa	artment	:								
Name	of	the	Company	(in	cases	where	the	Respondent	is	from	othe
workplad	ce)										_
5			(If II								
Date of recent o		nciaent	(If the incide	nt nas	been rep	eated mu	itipie tir	nes, please me	ntion	tne date	or the

Details of the complaint/incident (Please write as much in detail as required):



Name/s of witness/es you would like to provide from your end:

(Please note that these are the members from the Company who can provide support to your complaint and will be called by the IC during the inquiry. It will help the IC to conduct its inquiry if you provide witness(es) from your side. Feel free to speak to any of the IC members to understand this further. As much as possible, kindly provide their full name/s, designation, function, and their workplace if they are part of other workplace, and the purpose for which they are being mentioned as a witness)

Mention any evidence (in the form of sms, whatsapp messages, video, audio, email, or any other format or form) that you have or would like to present to support your complaint. Please be assured that the absence of any evidence does not invalidate your complaint. However, any evidence that you may share with the IC or guide them towards will be helpful in assessing the complaint brought by you.

Any other information that you would like to bring to the notice of the IC to support your complaint:

Name and signature of the Complainant

(applicable when you are submitting hard copies of the complaint to the IC)

