I.T.S College of Health and Wellness Sciences

(Affiliated with Atal Bihari Vajpayee Medical University, U.P. Lucknow)

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COMPLAINT FORM

Sexual Harassment of Women Employees and Students in Higher Educational Institutions

Reference framework: UGC (Prevention, Prohibition and Redressal of Sexual Harassment of Women Employees and Students in Higher Educational Institutions) Regulations, 2015.

Confidential: Please submit this form to the institution's Internal Complaints Committee (ICC) or use it as a written complaint attachment where appropriate. Email: womengrievancecell.itschws@its.edu.in

A. Details of the complainant	
Full name	
Status (student / employee / other)	
Department / course / designation	
Year / semester (if student)	
University / college / institution	
Affiliating university (if applicable)	
Postal address	
City, State, PIN	
Contact number	
Email address	

B. Details of the person against whom the complaint is made	
Name	
Designation / role	
Department	
Relationship to complainant	
Research supervisor? (Yes / No / N.A.)	

C. Incident details	
Date(s) and time(s) of incident(s)	
Place / location of incident(s)	

Nature of complaint / conduct reported	
Description of incident(s) (include sequence of events and relevant details)	
Names / contact details of witnesses, if any	
Was the incident reported earlier? If yes, to whom and when?	
Any immediate safety or support concerns	

D. Supporting material

Please list and attach any relevant supporting documents, messages, emails, screenshots, photographs, medical records, or other material, if available. Do not delay submitting a complaint solely because supporting material is unavailable.

Documents / evidence attached	
Other relevant information	

E. Previous or parallel reporting

Has this matter been reported to the ICC or another authority? (Yes / No)	
If yes, provide date, authority, and reference number (if any)	
ICC constituted at the institution? (Yes / No / Not known)	

F. Declaration and signature

I confirm that the information provided above is true and accurate to the best of my knowledge and belief. I understand that the institution may contact me for clarification and that the complaint will be handled under applicable rules and procedures.

Place	
Date	
Signature / name of complainant	

For office / ICC use only	
Date received	
Received by / designation	
Diary / reference number	
Action / remarks	