

SAINIK SCHOOL KAZHAKOOTAM
WORKPLACE SEXUAL HARASSMENT COMPLAINT FORM

Date of the complaint submission	
Name of the Complainant	
Designation	
Function/Department	
Name of the Respondent	
Designation	
Function/Department	
Date of the incident (If the incident has been repeated multiple times, please mention the date of the recent one)	
Details of the complaint/incident (Please write as much in detail as required. Attach additional sheet if required)	
Name/s of witness/es you would like to provide from your end (Please note that these are the members from the school who can provide support to your complaint and will be called by the Internal Committee (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 if you are submitting hard copies of the complaint to the IC)	