

**INTERNAL COMPLAINT COMMITTEE(ICC) AGAINST SEXUAL
HARASSMENT GURU GHASIDAS VISHWAVIDYALAYA, BILASPUR (C G)-
495009 INDIA**

FORM I Filing of Complaints of Sexual Harassment

I. Complainant(s):

Members of the University including student/resident/academic staff/ non-teaching staff

Name	
Father's Name	
Age	
Sex	
Address (Current)	
Address (Permanent)	
School/ Department/ Section/ Office	
Phone number	
Email	

II. Person(s) against whom the complaint is being lodged:

Student/resident/academic staff/ non-teaching staff/outsider/service provider

Name(s)	
Age	
Sex	
Address (current)	
Address (permanent)	
School/ Department/ Section/ office	
Phone number	
Email	

III. The Complaint:

1. Facts of complaint Location of incident Date Time	
2. Evidence/ Witness details	
3. Is the defendant known to the complainant?	
4. Is this the first incident of this kind? If yes, skip 3 and 4.	
5. Were exactly the same person(s) involved? If no, specify further.	
6. Was the first incident reported? To whom? When? What action, if any was taken?	

Any other details of the complaint may be recorded here:

Kindly submit your form on this Email id: drupasaninha24@gmail.com