Workplace Sexual Harassment Complaint Form

Kindly read the terms and conditions mentioned below before filling this form. The completely filled form should be sent by e-mail to **icc.nou@gmail.com** .

Note: The complaint need to be filed before the end of 3 months from the time of harassment.

(Fill NA for not available/not applicable)

1. **Personal Details**

Name_____

Address _____

Residence_____

Office_____

Mobile_____

Tel_____

Email_____

2. **Perpetrator Details**

Name of the person _____ (who has or is inflicted the incident/harassment on you)

Designation_____

Mobile No_____

Address (Kindly fill NA for not available/not applicable)

Residence_____

Office_____

Mobile_____

Tel_____

Email(Official)_____

3. Organization Details

Name of Head of the organization _____

Designation_____ Mobile No_____

Address

Office_____

Mobile_____

Tel_____

Email (Official)_____

4. Immediate Leadership

Name of Head of the Department/ Reporting Head_____

Mobile No_____

Address _____

Office_____

Tel_____

E-mail _____

5. Questionnaire

(i) Please indicate the type/types of actions that you feel might have been inflicted by the perpetrator

(Please select applicable)

a) Abusive or Sexually Explicit Comments
b) Showing or displaying of objectionable material
c) Sexual advances – i) physical ii) verbal
d) Others – describe in few words

_____

_____

(ii) Please indicate if you have discussed the matter with someone

Name of the person_____

Relationship_____

Contact Number(Mobile)_____

Email_____

(iii) Please describe the incidents that have been inflicted upon you (within 500 words, in ***any language of your convenience)***

Terms and Conditions:

Kindly note, that the information provided by you, will remain completely confidential.

Your prior consent will be sought before sharing the information provided by you with any other person /organization apart from the Internal Complaints Committee of North Orissa University, including your own department/section.

Your name will remain a complete secret and anonymous in all our communications with your employer/ government authorities or any other body outside NOU.

The providing of information in this form provides an authorization from your end to the University authorities to represent and take up any incidents of workplace sexual harassment that might have been inflicted upon you and you at any time could withdraw the right to representation by writing in person on the same. However, if no communication is received from your end then the representation will remain valid.

The redressal mechanism may or may not include legal/ psychological mentoring and guidance.

Self Certification

I certify that the information mentioned above is true to the best of my knowledge and I am fully aware that any misrepresentation of the facts, would result in my disqualification from the process of redressal and also invite disciplinary action against me.

Name_____

Date_____

Place_____