



GOVERNMENT POLYTECHNIC VALSAD

KOSAMBA ROAD VALSAD -396001 GUJARAT

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SEXUAL HARRASMENT COMITTEE

FORM 1

I COMPLAINANT(S):

Student / Resident / Academic staff / Non-teaching staff / service provider/ any other

NAME	
DESIGNATION (if any)	
AGE	
SEX	
ADDRESS *	
COLLEGE	
ENROLLMENT NO./EMPLOYEE ID	
CONTACT NUMBER	
EMAIL ADDRESS	

***PS: Provide your address proof along with this form.**

II PERSON(S) AGAINST WHOM THE COMPLAINT IS BEING LODGED:

Student / Resident / Academic staff / Non-teaching staff / service provider/ any other

NAME	
DESIGNATION (if any)	
AGE	
SEX	
ADDRESS	
COLLEGE	
ENROLLMENT NO./EMPLOYEE ID	
CONTACT NUMBER	
EMAIL ADDRESS	

III THE COMPLAINT

Is the defendant known to the complainant?	
Is this the first incident of this kind? If yes, skip to the last point.	
Were exactly the same person(s) involved? If not, specify further the name(s).	
Was the incident reported? To whom? When? What action was taken?	
Approximate date(s), time(s), and location(s) of incident(s), starting from the most recent. Description of the incident:	

Additional details of the complaint may be recorded here: (Additional sheet may be attached if required.)

**Complaint filed by
Signature:**

Name:

Date:

Place