

ISLAMIAH WOMEN'S ARTS AND SCIENCE COLLEGE



Permanently Affiliated to Thiruvalluvar University
Recognized by UGC u/s 2 (f) and 12 (B) of the UGC Act 1956
Accredited by NAAC with "B++" Grade
Approved by the Government of Tamil Nadu
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INTERNAL COMPLAINTS COMMITTEE (ICC)

Complaint Form for Sexual Harassment

(As per UGC Regulations, 2015)

1. Complainant's Details

- Name: _____
- Gender: ☐ Female ☐ Male ☐ Other
- Category: ☐ Student ☐ Teaching Staff ☐ Non-Teaching Staff ☐ Visitor ☐ Others
(specify): _____
- Department/Programme: _____
- Contact Number: _____
- Email ID: _____
- Address (if required): _____

2. Respondent's Details (*Person against whom complaint is made*)

- Name: _____
- Designation/Position: _____
- Department/Section: _____
- Relationship with Complainant (e.g. teacher/student/colleague): _____

3. Complaint Details

- Date(s) of Incident(s): _____
- Time and Place of Incident(s): _____
- Details of the Incident(s):
(Please describe clearly and precisely the nature of the incident. Attach additional pages if necessary.)

- **Witnesses (if any):**

1. Name: _____ Contact: _____

2. Name: _____ Contact: _____

- **Have you previously reported this incident to anyone?** ☐ Yes ☐ No

If yes, please specify:

○ **Name of person/authority:** _____

○ **Date of report:** _____

○ **Action taken (if any):** _____

4. Relief Sought

(Please mention what relief or interim measures you are seeking, e.g., change of department/class, no-contact order, etc.)

5. Supporting Documents

(Please tick the documents you are attaching with this complaint form, if any):

☐ Written statement

☐ Emails/SMS/Chat logs

☐ Photographs/Audio/Video

☐ Medical report

☐ Witness statements

☐ Others (please specify): _____