DECCAN GROUP OF INSTITUTIONS

Darussalam, Aghapura, Hyderabad - 500 001, Telangana State

FORM I

Proforma for Filing of Complaints of Sexual Harassment

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ı.	COIIII	Jiaiiid	ant(s):	

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

Name	
Age Sex	
Sex	
Department	
College/Centre	
Address	
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	
Department	
College/Centre	
Address	
Phone Number	
Email	

III. The Complaint:

1. Is the defendant known to the	
complainant?	
2. Is this the first incident of this kind? If yes,	
skip 3 and 4.	
3. Were exactly the same person(s)	
involved? If no, specify further.	

4. Was the first incident reported? To whom? When?					
What action, if any was taken?					
5. Approximate date(s), time(s) and location(s) of incident(s), starting from the most recent.					
Additional details of the complaint may be re	ecorded here:				
Complaint filed by					
Signature:	Date:				
Name:	Place:				