

IIT Bombay Gender Cell-Internal Complaints Committee
COMPLAINT RECORDING FORM

Instructions: This form is to be filled by the Complainant(s). Pl. include additional sheets as needed.

COMPLAINANT(S) DETAILS

Date: _____

Name(s): _____

Department(s): _____

Employee code or Roll No(s): _____

Contact Address: _____

Mobile: _____ E-mail: _____

DETAILS OF PERSON(S) AGAINST WHOM COMPLAINT IS BEING LODGED

Name(s): _____

Department(s): _____

Employee code/Roll No(s): _____

Working relationship with the Complainant(s) _____

Contact Address: _____

Mobile: _____ E-mail: _____

A brief summary of the complaint.

(For a longer description regarding the nature, duration/frequency including actual date(s)/times, with any available evidence, please attach extra sheets as needed.)

Any immediate action(s) requested: immediate relief measures; any authorities to be contacted; date of complaint validation meeting; any other relevant information.

The IITB-GC policy allows for suitable representation in the Inquiry Committee for marginalized social background/identity at the request of the Complainant or the Respondent, especially if this may have a bearing on the hearing.

- a. Do you require such representation in the inquiry committee: **YES / NO**
- b. If **YES**, please indicate your social background/identity.

Name(s) and Signature(s) of Complainant(s) _____



LIST OF WITNESSES OF COMPLAINANT(S) AND THEIR CONTACT DETAILS

Please provide the contact details of other person(s) already aware of the events and assisting you and say whether they might be witnesses in the proceedings that may follow. You may add more rows.

Name/ Department/ Employee Code and Designation or Roll No.	Contact details: E-mail and Mobile	Agrees to be a Witness - Y/N	Requesting anonymity - Y/N

Date: _____

Name(s) and Signature(s) of complainant(s)

List of documents submitted (if any):