

INDIRA GANDHI NATIONAL OPEN UNIVERSITY
INTERNAL COMPLAINTS COMMITTEE
(ACASH/ICASH/RSDCASH/RCCASH)

FORM 1

Pro forma for filing of Complaint(s) of Sexual Harassment

I. COMPLAINANT

Name	
Age	
Sex	
Address	
Centre/ School/ Division/ Unit/ Cell	
Phone Number	
Email	

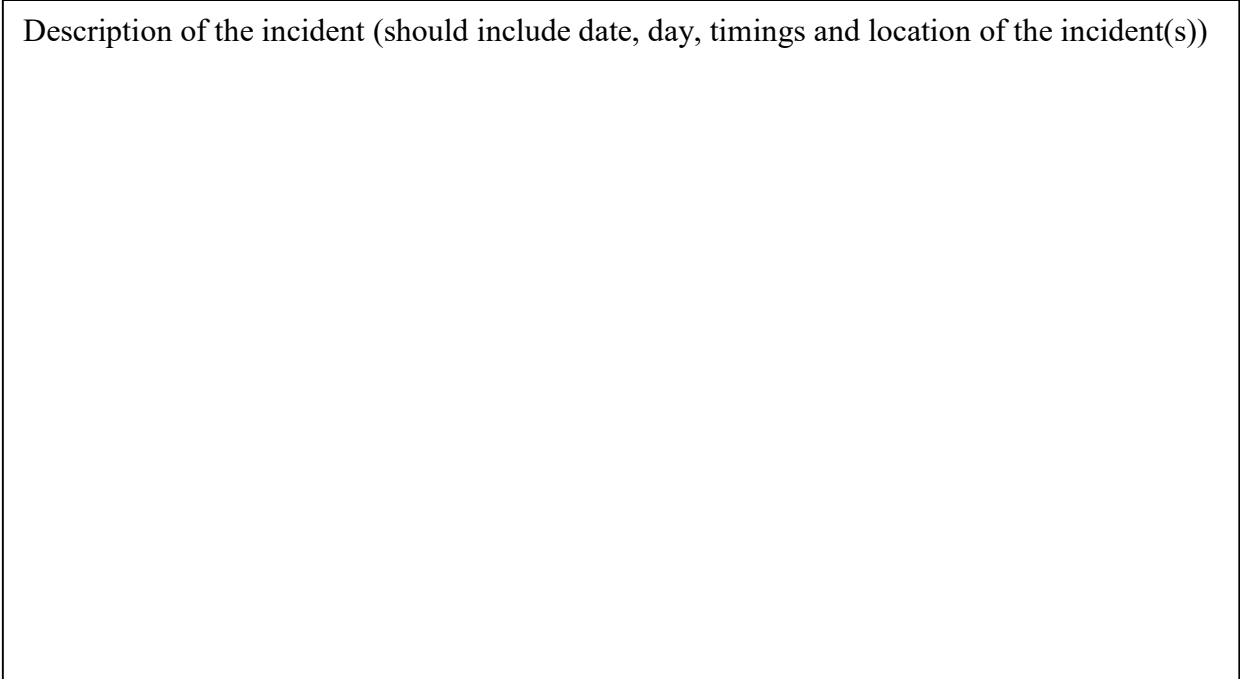
II. PERSON (S) AGAINST WHOM THE COMPLAINT IS BEING LODGED

Name	
Age	
Sex	
Address	
Centre/ School/ Division/ Unit/ Cell	
Phone Number	
Email	

III. PARTIES' WORKING RELATIONSHIP

IV. THE COMPLAINT

Description of the incident (should include date, day, timings and location of the incident(s))



V. Additional details of the complaint may be attached

1. Enclosure
2. List of witnesses
3. Supporting documents, if any

Date:

Signature:

Place:

Name: