Complaint Format (POSH)

This format can be used by any employee who wishes to lodge a complaint of Sexual Harassment at Workplace (Any information / details provided by the Aggrieved Individual / Complainant shall be kept confidential)

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Details of the Aggrieved Individual / Victim

Name	
Designation	
Division/Unit/Department	
Contact Number	
Address (office)	

(If applicable) Details of Complainant who is filling the form on behalf of the aggrieved individual / victim.

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Name	
Relationship with Aggrieved Individual (Victim)	
Designation (if Complainant is an employee)	
Division/Unit/Dept (if Complainant is an employee)	
Contact number	
Address (office/administrative unit where the complainant works)	
Reason for which Aggrieved Individual is unable to file the complaint	Physical incapacity Mental incapacity Death Any other reason

Section 2: Details of the Alleged Harasser

Name			
Designation			
Division / Unit / De	partment		
Contact Number			
Address (place of the alleged harass			
Section 3: Details of the In	cident		
Description of the incident			

Other details (if the incident was repeated / any previous related incident)	
Date and Time of the Incident / Incidents	
Details witness /witnesses	1. 2. 3. 4. 5.
Details of any documents available (E.g. Messages, email, letter etc)	
Details of any persons contacted by the aggrieved individual after the incident (If any)	
Any other relevant information / comments	

Any additional information and comments if	any:
Section 5:	
Name of the Aggrieved Individual:	
Signature	Date:
Name of the complete and (If a police blo).	
Name of the complainant (If applicable):	
Signature	Date:
Please note: Signature of the Aggrieved Employee/Com	plainant on the bottom of every sheet.