

**INTERNAL COMPLAINTS COMMITTEE**

Room No. 126, Aryabhata Block, ARKA JAIN University, Jharkhand

<p><b>FORM I</b></p> <p><b>Proforma for Filing of Complaints of Sexual Harassment</b></p>
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**I. Complainant(s):**

Student/Academic staff/ Non-teaching staff/Outsider/Service provider

<b>Name</b>	
<b>Employee ID (In case of Employee) / Enrollment No. (In case of Student)</b>	
<b>Mention Relationship with AJU, in other cases</b>	
<b>Age</b>	
<b>Sex</b>	
<b>Address</b>	
<b>Department/School</b>	
<b>Phone Number</b>	
<b>Email ID</b>	

**II. Person(s) against whom the complaint is being lodged:**  
 Student/Academic staff/ Non-teaching staff/Outsider/Service provider

<b>Name</b>	
<b>Age</b>	
<b>Sex</b>	
<b>Address</b>	
<b>Department/School</b>	
<b>Phone Number</b>	
<b>Email ID</b>	

**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 recorded here (or Use separate sheet, if required)**

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**Complaint Filed by:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Place: \_\_\_\_\_