

Sexual Harassment Sub-Committee
Government General Degree College at Gopiballavpur-II
P. O. Beliaberah, Dist. Jhargram, Pin – 721517

Sexual Harassment Complaint form

1. Name of the complainant: _____

2. Status: Student_____ / Faculty_____ / Staff _____

Please provide details of your status: _____

3. Name the person(s) involved in the alleged incidents of harassment:

4. Please elaborate the particular alleged incident:

5. Provide place(s), date(s), and approximate time(s):

6. Is there any person who has witnessed this behavior? If so, please provide details:

7. Did you take any action(s) to stop the harassment? If yes, please describe:

8. Do you have any suggestion for proposed action to resolve the harassment?

Date:

Place:

(Signature of the complainant)

Please send the completed form to shcom@ggdcgopi2.ac.in

Shim
01.06.2022
Officer-in-Charge
Govt. General Degree College
Gopiballavpur-II

Sharmila Saren 01/06/2022