

# **EMPLOYEE SEXUAL HARASSMENT COMPLAINT FORM**

(Any information/details provided by the aggrieved individual/complainant shall be kept confidential)

To,  
The Presiding Officer  
Internal Complaints Committee  
Directorate of Women Resource Development

Date of Complaint: \_\_\_\_\_

### **Employee (Filer) Information:**

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Complaint Details:**

Date(s) on or during which Incident has occurred: \_\_\_\_\_

Location of the incident: \_\_\_\_\_

Description of the Incident:

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Please identify all known witness (es) if any, and provide their names and contact details below:

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