## St. Mira's College for Girls - Sexual Harassment Complaint Form

Please fill the form for online submission of a complaint of sexual harassment. Kindly scan and attach all supporting documents.

Before completing this form, make sure you have carefully read the Student Grievance Policy and Procedure. Click on this link to read the policy in a new window:

For offline submission of a complaint of sexual harassment students may print, fill and submit the form in hardcopy, with all supporting documents, to the coordinator of the grievance cell, Ms. Suhaile Azavedo, at the English Department cubicle, on Tuesdays and Thursdays from 11.00 to 11.30 am \* Required

1.	Email *	
	p to question 2Skip to question 2 ersonal Details	-
2.	Full Name *	
3.	E-mail ID *	-
4.	Mobile No. *	-

5.	Present Address *			
6.	Permanent Address *			
Ski	p to question 7			
Pr	rogramme/ Course			
7.	Programme *			
	Check all that apply.			
	B.A.			
	B. Com			
	B.B.A.			
	B.B.A (CA) B.Sc. (CS)			
	☐ M.A.			
	M. Com.			
	Other:			
	Other:			
8.	Name of the Department *			

9.	Division *			
10.	Roll Num	ıber *		
	omplaint etails	In the complaint kindly name the persons indulging in the act of sexual harassment; please describe the specific act(s) of sexual harassment; mention the location(s) of the incident(s) along with date(s and approximate time(s) wherever possible. If there are witnesses to the incident, please provide the names and phone numbers. Provide any additional information and comments deemed necessary (use a separate sheet if required and upload the same).		
11.	Date of ir	ncident leading to sexual harassment complaint: *		
	Example:	Example: January 7, 2019		
12.	Time of i	ncident leading to sexual harassment complaint: *		
	Example:	8:30 AM		
13.	Place of in	ncident leading to sexual harassment complaint: *		
14.	Descripti	on of the Sexual Harassment incident *		

15.	Upload all supporting documents here  Files submitted:				
De	claration	By completing this form, you are making a formal complain			
16.	Please tick both the boxes *				
	Check all that apply.				
	☐ I hereby declare that the information/doc☐ I shall be responsible for furnishing any v				
17.	Signature of the person making the report: *				
18.	Date *				
	Example: January 7, 2019				
19.	Place *				

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