



## **Notice of Harassment/Discrimination Complaint**

### **Directions:**

If you believe that you have been unlawfully harassed/ discriminated against, please fill out this form (giving as much details as possible) and return it to the Internal Complaints Committee:

By e-mail: **icc@dcpune.ac.in OR**

By hand: **Prof. Sonal Kulkarni-Joshi (Dept. of Linguistics) OR**

**Dr. Amrita Sarkar (Dept. of Archaeology)**

### **PART I**

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

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

Department/Section: \_\_\_\_\_

Designation: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

**Individual(s) who allegedly committed harassment/discrimination:**

a.) \_\_\_\_\_

b.) \_\_\_\_\_

c.) \_\_\_\_\_

- 1. Describe the nature of your complaint. Include dates and the incident in as much detail as possible.**

**2. Your relationship to the individual/s engaging in alleged harassment:**

Supervisor  Colleague  Student  Faculty member

others (specify) \_\_\_\_\_

**3. Is there any physical evidence that supports your complaint? If so, please describe or attach a copy.**

**4. Have you previously complained about this or related acts of sexual harassment/discrimination to a University supervisor, official, any agency or lawyer? If so, please identify the individual to whom you complained, the date of the complaint and the resolution of your complaint.**

## **Part II**

**5. Why do you believe this incident occurred?**

**6. Identify all employees/students/colleagues or others with knowledge of the conduct about which you are complaining:**

**7. Did colleagues/students/or others listed on the previous page personally observe or overhear the alleged conduct? If yes, please indicate the dates of observed/overheard behavior.**

**8. Are there documents or emails which contain information supporting the occurrences described above?**

**9. Have you missed any work time/class time as a result of the alleged harassment/discrimination? If yes, please indicate dates of absences.**

**10. Have you received any counseling or received medical treatment as a result of this alleged harassment? If yes, indicate dates of counseling/treatment. What is your requested remedy in this complaint?**

11. Are there any other individuals you want the University to contact regarding your complaint? If so, who do you wish to be contacted and why?

**Acknowledgment**

To investigate your complaint, it will be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of the allegations or defenses. The University will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action, up to and including termination of employment.

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the University deems relevant.

\_\_\_\_\_ / / \_\_\_\_\_

Signature

**For ICC Office Use Only**

Date of Alleged Violation: \_\_\_/\_\_\_/\_\_\_\_\_

Person Filing Charge: \_\_\_\_\_

Place of Alleged Violation: \_\_\_\_\_

**Employment Discrimination Under: Prevention, Harassment and Redressal Act 2013**

**Basis of Discrimination: \_\_\_Sex(Gender) \_\_\_Age \_\_\_Other (specify)**

Circumstances of Alleged Violation:

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

\_\_\_\_\_  
Printed Name of Authorized University Official

\_\_\_\_\_  
Signature of Authorized University Official