

FORM NO. I

(See Section 9 read with Rule 6, 8 and 9)

**COMPLAINT TO THE LOCAL COMMITTEE/INTERNAL COMMITTEE UNDER
SECTION 9 OF THE SEXUAL HARASSMENT OF WOMEN AT WORKPLACE
(PREVENTION PROHIBITION AND REDRESSAL) ACT, 2013**

To

The Presiding Officer

Internal Complaints Committee (*Where Internal Complaints Committee has been set up by the Employer at the workplace in terms of Section 4*)

Or

The Chairperson

Local Complaints Committee (*Where Internal Complaints Committee has not been set up due to having less than ten workers or if the complaint is against the employer himself in terms of Section 6*)

Complaint under Section 9 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 read with Rule 6 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules, 2013

1. That the complaint under Section 9 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 read with Rule 6 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules, 2013 is being filed by the: -

- a. Aggrieved woman :
- b. Other than aggrieved woman along with reason as to why the aggrieved woman is unable to make the complaint herself such as – physical incapacity, mental incapacity, any other reason, death of aggrieved woman – *Tick whichever is applicable below:*

Physical incapacity <input type="checkbox"/> <i>[Section 9 (2), Rule 6 (i)]</i>	Mental Incapacity <input type="checkbox"/> <i>[Section 9 (2), Rule 6 (ii)]</i>	Any Other Reason <input type="checkbox"/> <i>[Section 9 (2), Rule 6 (iii)]</i>	Death of Aggrieved Woman <input type="checkbox"/> <i>[Section 9 (2), Rule 6 (iv)]</i>
<ul style="list-style-type: none"> • Legal heir of Aggrieved woman: <input type="checkbox"/> • Relative or Friend: <input type="checkbox"/> • Co-worker: <input type="checkbox"/> • Officer of National Commission for Woman or State Women's Commission: <input type="checkbox"/> • any person who has knowledge of the incident * : <input type="checkbox"/> *Attach consent of the aggrieved woman 	<ul style="list-style-type: none"> • Relative or Friend <input type="checkbox"/> • Special educator <input type="checkbox"/> • Qualified psychiatrist or psychologist <input type="checkbox"/> • Guardian or authority under whose care she is receiving treatment or care <input type="checkbox"/> • Any person who has knowledge of the incident jointly with her relative or friend or special educator or qualified psychiatrist or psychologist or guardian or authority under whose care she is receiving treatment or care: <input type="checkbox"/> 	<ul style="list-style-type: none"> • any person who has knowledge of the incident * : <input type="checkbox"/> *Attach consent of the aggrieved woman 	<ul style="list-style-type: none"> • any person who has knowledge of the incident * : <input type="checkbox"/> *Attach consent of the legal heir of the deceased aggrieved woman

2. Complaint is being filed against: Specify the name and designation of the Respondent

3. Nature of relationship with the Respondent: employer/subordinate/other*
 (*please specify the exact nature of relationship)

4. Date of Incident:

5. Nature of incident: one time or recurrent or similar incidents at different points in time

6. Whether the complaint is within three months of the date of incident: Yes or No

7. If the complaint is **not within the three months** of the date of incident please specify the period of delay (YY/MM/DD) along with reason for such delay:

8. Description of the incident (s) complained of with corresponding dates*:

(*while describing the incident please indicate the nature of unwelcome acts or behaviour – i.e. whether physical contact and advances or a demand or request for sexual favours or making sexually coloured remarks or showing pornography or any other unwelcome physical, verbal or non-verbal conduct of sexual nature)

9. Whether the aggrieved woman/complainant is willing for conciliation (*Section 10*): Yes or No

10. Whether the incident (s) complained of was shared with any person? If yes, please specify with whom it was shared:

11. Interim Relief sought (*Section 12, Rule 8*)

- a. Restrain the Respondent from reporting on work performance of aggrieved woman or writing her confidentiality report and assign to some other officer (*Rule 8 (i)*):
- b. Restrain the Respondent in case of educational institution from supervising any academic activity of the aggrieved woman (*Rule 8 (ii)*):
- c. Request for transfer of self (*Section 12 (a)*):
- d. Request for transfer of Respondent (*Section 12 (a)*):
- e. Leave for three months (*Section 12 (b)*):

12. Relief sought:

- a. Compensation sought (amount as determined under *Section 15*): please specify amount under each of the following heads:
 - i. Mental trauma, pain, suffering and emotional distress caused to the aggrieved woman (*Section 15 (a)*):

- ii. Loss in career opportunity due to the incident of sexual harassment (*Section 15 (b)*):
- iii. Medical expenses incurred by the victim/aggrieved woman for physical or psychiatric treatment (*Section 15 (c)*):
- b. Please specify the income and financial status of the Respondent if known (*Section 15 (d)*):
- c. Please specify the feasibility of payment of compensation in lump sum or in instalments (*Section 15 (e)*):

13. In light of the above it is humbly prayed that the relief (s) as sought may be granted to the complainant/aggrieved woman and appropriate action be taken against the Respondent in accordance with the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 and the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules, 2013

Place:

Date: Aggrieved Woman/Complainant

VERIFICATION

Verified at.....place) on this day of.....that the contents of paras 1 to 12 of the above application are true and correct to the best of my knowledge and nothing material has been concealed therefrom.

Aggrieved Woman/Complainant
(Deponent)