



SRI VENKATESWARA
DENTAL COLLEGE & HOSPITAL
(A unit of VELS Group, Pallavaram)



Sexual Harassment Complaint Form

1. Your name: _____

2. Status: Student [] Staff [] Faculty [] Other (specify): _____

3. If employee, administrative unit and position title: _____

4. Campus Address: _____ Campus Phone Number: _____

5. Individual engaging in alleged harassment: _____

6. Your administrative unit and position title (if employee): _____

7. Your relationship to the individual engaging in alleged harassment: Supervisor [] Co-Worker []
Professor/Instructor [] Advisor [] Student [] Other (specify): _____

8. Please describe the specific act(s) alleged. If additional space is needed, you may write on the reverse side of this form or attach a separate sheet(s):

9. Location(s) of alleged incident: _____

10. Date(s) and approximate time(s): _____

11. Describe the effect the alleged harassment had on you: _____

12. Are there others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, please provide their name(s), indicate if witness or individual with similar experience, their address(s) and their phone number(s).

13. Did you tell anyone about your experience after the alleged incident? If so please provide the name(s) and telephone number(s) of whomever you spoke to. _____

14. Did you take any action(s) in an attempt to stop the harassment? _____

15. Have you filed this report with any other agency or an attorney? Yes [] No []
If yes, with whom? _____

16. Do you have any suggestion for proposed action to address or resolve the harassment

17. Do you have any additional information and comments (use separate sheet if necessary):

Signature of person making report: _____ Date: _____

*Please return the completed form to :-
Dr.Sabitha Sudarsan M.D.S,
Chairperson, Sexual Harassment Committee*