

SAMPLE TEMPLATE — STATE VARIATION MAY APPLY

Written Complaint under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013

Date: [DD MONTH YYYY]

To,
The Presiding Officer
Internal Committee [or Local Committee]
[NAME OF EMPLOYER / ORGANISATION]
[ADDRESS]

**Subject: Written complaint under Section 9 of the Sexual Harassment of Women at Workplace
(Prevention, Prohibition and Redressal) Act, 2013**

Madam / Sir,

1. Complainant. I, [COMPLAINANT NAME], aged [AGE], working as [DESIGNATION] in the [DEPARTMENT] at [WORKPLACE NAME] since [JOINING DATE], submit this written complaint.

2. Respondent. [RESPONDENT NAME], working as [DESIGNATION] in the [DEPARTMENT].

3. Date and place of incident. The incident(s) occurred on [DATE(S)] at [PLACE — office, off-site location, conference, etc.].

4. Description of the incident. [DESCRIBE SPECIFIC INCIDENTS IN CHRONOLOGICAL ORDER. Include: what was said, what was done, in whose presence, how the Complainant responded.]

5. Witnesses. The following persons were present or have direct knowledge:

(i) [WITNESS 1 NAME, DESIGNATION, CONTACT];

(ii) [WITNESS 2 NAME, DESIGNATION, CONTACT].

6. Documentary support. [REFER TO E-MAILS, MESSAGES, CCTV FOOTAGE, CONTEMPORANEOUS NOTES; copies enclosed.]

7. Effect on the Complainant. The conduct has caused [physical / emotional / professional impact — describe].

8. Earlier reporting. [WHETHER PREVIOUSLY REPORTED to supervisor / HR / IC; if yes, dates and outcomes; if not, reasons.]

9. Limitation. This complaint is filed within three months of the last incident as required by Section 9(1) of the Act.

RELIEF SOUGHT

I request the Internal Committee to:

(a) Hold an inquiry under Section 11 of the Act;

(b) Grant interim relief under Section 12 — [transfer of Respondent / leave to Complainant / restraint from contact];

- (c) Recommend appropriate action under Section 13 if the complaint is found to be substantiated;
- (d) Maintain confidentiality as required by Section 16 of the Act.

[COMPLAINANT SIGNATURE]

[COMPLAINANT NAME]

[EMPLOYEE ID]

Mobile: [PHONE]

E-mail: [EMAIL]

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