

 <p>HITEC-IMS DENTAL COLLEGE</p>	<b>Against Harassment Complaint Form</b>	
Doc ID:	Effective date: Feb 26, 2023	Issue No: 01 Revision No: 00

**CONFIDENTIAL**

Please ensure that you fill out every section of the form accurately, attach any supporting documentation you may have and ensure that it has been signed and dated. If you are unable to attach relevant supporting documentation, kindly submit list of person/s who may be able to provide evidence in support of your claim.

**Employee (Complainant) Information**

Name	
Position Title	
Department	
Work Premises	
Telephone Number	
Email	

**Respondent Information**

<b>Person 1 * please add information if required</b>	
Name	
Position Title	
Department	
Telephone Number	
Email	
Incidence Reported by: <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Others (Please Specify) _____	

**Complaint Details**

Include dates, times, and details of specific behavior and/or words used. Attach additional pages if necessary, can write in Urdu

**Complaint Ground- Sexual Harassment at Workplace**

Nature: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Non Verbal (Gesture) <input type="checkbox"/> Colour/Creed/Religion/Ethnic Origin/ Race/Cast <input type="checkbox"/> Ancestry/Family Status/Marital Status <input type="checkbox"/> Disability/Physical Condition <input type="checkbox"/> Gender Identity//Sexual Orientation	<input type="checkbox"/> Record of Offence <input type="checkbox"/> Reprisal/Retaliation <input type="checkbox"/> Appearance/Body shamming <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Age <input type="checkbox"/> Pregnancy/Life Issues/Medical Condition <input type="checkbox"/> Any Other:_____
Employee (Complainant) Signature:	Date:

**Grievance with: (please tick the most appropriate box)**

Co-worker(s)	<input type="checkbox"/>
Complaint's Line Manager	<input type="checkbox"/>
Other line manager/senior office	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Please return this form, in sealed envelope marked "Private and Confidential" to 'NUMS Harassment Monitoring Officer'

**For Official Use only:**

Received by: Date:

Case Type:

New  Existing  Recurrent

Perpetrator:

New  Repeat Offender

Complainant:

New  Recurrent

Action Taken:

Case Resolved:

Case Forwarded to Standing Committee: