

SHIVTEJ AROGYA SANTHA'S
YOGITA DENTAL COLLEGE AND HOSPITAL, KHED.
SEXUAL HARASSMENT INCIDENT REPORT

Report Date:

Student / Employee Name:

Home Address:

BDS/MDS/ department:

MOB:

Name of the person to whom you are giving this form: _____

I request an investigation into this complaint in accordance with the complaint procedure set forth by the Vishaka Committee at Yogita Dental College and Hospital.

STATEMENT OF COMPLAINT:

1. Name of the person(s) who you believe harassed you:

2. Description of event (date, location, behavior, etc.; Who, What, When, Where, How. Attach signed student/employee handwritten or typed statement.):

3. What was your response to this situation?

4. How has this incident affected you at the college/campus?

5. Witnesses (Name, Course, Departments, Location, during the indecent, etc. ;)

6. Has the student / employee reported the incident to his / her Mentor or any other superior authority in the campus?

7. Is there anything else we need to know regarding the incident?

Student/ employee signature