## Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College

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## VISHAKHA - WOMEN'S COMPLAINT COMMITTEE

## SEXUAL HARASSMENT COMPLAINT FORMAT

Name of Complainant	
Contact Number	
Email	
Studying in	
Nature of Harassment	
Undertaking	
I hereby declare that the information furnished above by me is true and accurate.	
Thereby declare that the infor	manori furfusiled above by the is true and accurate.
Further, Lunderstand that disciplinary action can be taken against me if the above	
Further, I understand that disciplinary action can be taken against me if the above allegations are found incorrect or malicious.	
anegations are round incorrect or mancious.	
Signature of Complainant	
orginature or Compramant	
Date	