

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.

Further, I understand that disciplinary action can be taken against me if the above allegations are found incorrect or malicious.

Signature of Complainant	
Date	