BABASAHEB BHIMRAO AMBEDKAR

BIHAR UNIVERSITY, MUZAFFARPUR

PIN-842001 (BIHAR)

Website:- <u>www.brabu.net</u>

STUDENT TO STUDENT SEXUAL HARASSMENT COMPLAINT FORM

Name:-

Department:-

Home:-

Address:-

Telephone Numbers:-

Name of person to whom you are giving this form:-

I request an investigation into this complaint in accordance with the complaint procedure as per University Administrative Rule prohibiting sexual harassment.

STATEMENT OF COMPLAINT

- 1. Name of person(s) who you believe harassed you:
- 2. Did anyone witness this incident? If so, list their names:
- 3. What happened? Be specific. List who, what, when and where:
- 4. What was your response to this situation?
- 5. How has this incident affected you at school?
- 6. Is there anything else we need to know regarding this incident?

(Student's Signature)

(Date)

(Administrator's Signature)

(Date)

Check if additional information is attached.