**VPM’s R Z Shah College of Arts, Science and Commerce**

**Mithagar Road, MUMBAI, 400 081**

PROFORMA FOR FILLING COMPLAINTS OF SEXUAL HARASSMENT

Complainant:

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Sex |  |
| Address |  |
| Class (in case of student)  Department (in case of faculty) |  |
| Phone number |  |
| Email |  |

Person against whom the complaint is being lodged:

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Sex |  |
| Address |  |
| Phone number |  |
| Email |  |

Date Signature