



Against Gender Harassment Complaint Form

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NUMS/QA/SOP/AGH/12/05/02/Annex B

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CONFIDENTIAL

Please ensure that you fill out every section of the form accurately, attach any supporting documentation you may have and ensure that it has been signed and dated. If you are unable to attach relevant supporting documentation, kindly submit list of person/s who may be able to provide evidence in support of your claim.

Employee (Complainant) Information

Name	
Position Title	
Department	
Work Premises	
Telephone Number	
Email	

Respondent Information

Person 1 * please add information if required	
Name	
Position Title	
Department	
Telephone Number	
Email	

Incidence Reported by:

Victim

Witness

Others (Please Specify) _____

Complaint Details

Include dates, times, and details of specific behavior and/or words used. Attach additional pages if necessary, can write in Urdu

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Complaint Ground- Sexual Harassment at Workplace

Nature: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Non Verbal (Gesture) <input type="checkbox"/> Colour/Creed/Religion/Ethnic Origin/ Race/Cast <input type="checkbox"/> Ancestry/Family Status/Marital Status <input type="checkbox"/> Disability/Physical Condition <input type="checkbox"/> Gender Identity//Sexual Orientation	<input type="checkbox"/> Record of Offence <input type="checkbox"/> Reprisal/Retaliation <input type="checkbox"/> Appearance/Body shamming <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Age <input type="checkbox"/> Pregnancy/Life Issues/Medical Condition <input type="checkbox"/> None of the above:
Employee (Complainant) Signature:	Date:

Grievance with: (please tick the most appropriate box)

Co-worker(s)	<input type="checkbox"/>
Complaint's Line Manager	<input type="checkbox"/>
Other line manager/senior office	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Please return this form, in sealed envelope marked "Private and Confidential" to 'NUMS Harassment Monitoring Officer'

For Official Use only:

Received by: Date:

Case Type:

New Existing Recurrent

Perpetrator:

New Repeat Offender

Complainant:

New Recurrent

Action Taken:

Case Resolved:

Case Forwarded to Standing Committee: