



MARRI LAXMAN REDDY INSTITUTE OF TECHNOLOGY AND MANAGEMENT

(AN AUTONOMOUS INSTITUTION)

(Approved by AICTE, New Delhi & Affiliated to JNTUH, Hyderabad)

Accredited by NAAC with 'A' Grade & Recognized Under Section 2(f) & 12(B) of the UGC act, 1956

COMPLAINT FORM FOR HARRASSMENT AGAINST WOMEN

WOMEN STUDENT / FACULTY REDRESSAL FORM

Name of the Student / Faculty : _____

Roll No / Employee Id : _____

Email Id : _____

Mobile No : _____

Department : _____

Semester : _____

Name of the Grievance : _____

Problem reported to : YES / NO
HOD/Dean of the women cell

Any proofs are attached : YES/ NO

DETAILS ABOUT WHOM COMPLAINT IS MADE

Name of the student/faculty : _____

Roll No / Employee Id : _____

Mobile No : _____

Department : _____

Semester : _____

Brief facts about the complaint	:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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I hereby declare that information provided above is correct I shall be responsible for furnishing any wrong information.

Signature of the student/faculty

For office use only

Action taken Report :

Dissatisfaction and description of appeal

Problem solved
(if no reasons)

Comments of the committee members :

In charge / Convener of the women cell

Director