

**SHRI MATA VAISHNO DEVI UNIVERSITY, KATRA, J&K**

**Gender Sensitization Committee on Sexual Harassment (GSCASH)**

**FORM – I, Schedule 2**

(If complaint is received oral, it has to be reduced in writing by the Complaint Screening Committee on Form 1)

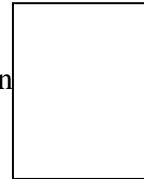
Ref: SMVDU/GSCASH/     /

Date:.....

1. Name of the complainant: \_\_\_\_\_
2. Designation and Address of the Complainant: \_\_\_\_\_  
\_\_\_\_\_
3. Nature, Venue and Description of the Complaint (Attach Separate letter if required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Name of the complaint recipient member(s) of GSCASH: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Complainant: \_\_\_\_\_ Or, Thumb Impression

Signature of recipient member(s): \_\_\_\_\_



**[For Office Use Only]**

5. Comments/Remarks and signature of the Complaint Screening Committee (CSC):

.....  
.....

(i) \_\_\_\_\_ (ii) \_\_\_\_\_ (iii) \_\_\_\_\_ Date: \_\_\_\_\_

6. Details of Enclosures: \_\_\_\_\_

**[For Chairperson GSCASH]**

.....  
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Date: \_\_\_\_\_

Signature: \_\_\_\_\_