



**NIZAM'S INSTITUTE OF MEDICAL SCIENCES**  
(A UNIVERSITY ESTABLISHED UNDER STATE ACT)

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Rc. No. Plng-1/21/2021

Date:19/02/2025

**Sub: NIMS – Planning Section – Internal Complaints Committee – Reconstituted – Orders issued -Reg.**

**Ref: Note approval of the Director dated 28.11.2024.**

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The Director has reconstituted the Internal Complaints Committee (ICC) with the following new members for registering and resolving the Internal Complaints and Sexual Harassment complaints at work place for a period of three (03) years from the date of issue of this order.

Sl. No	Name of the member	Role
1	Dr. Monu Yadav, Professor, Dept. of Anaesthesia, NIMS.	Chairperson
2	Dr. Madhavi Ravulapati, Associate Professor of Law & Head, Centre for Law and Public Administration, Dr MCR HRD Institute of Telangana.	Legal Person
3	Dr. G. Surya Ramachandra Varma, Addl. Professor, Dept. of S.G.E, NIMS.	Member
4	Dr. N. Lakshmi Bhaskar, Addl. Professor, Dept. of Hospital Administration, NIMS.	Member
4	Dr. Jumana Hussain, Addl. Professor, Dept. of General Medicine, NIMS.	Member
5	Smt. Y. V. Radhika, Deputy Manager, DDO Claims, NIMS.	Member
6	Smt. Ch. Padmavathi, Deputy Nursing Superintendent NIMS.	Member
7	Sri. Srinivasulu Siramdas, Principal, College of Allied Health Sciences, NIMS.	Member

  
**EXECUTIVE REGISTRAR**

To:  
All the Committee Members.

Copy to:  
P.S. to Director/E.R./M.S./Dean for information.

[NAME OF ORGANIZATION/EMPLOYER]

## **FORM FOR FILING COMPLAINT OF SEXUAL HARASSMENT AT WORKPLACE**

- (To be filled by aggrieved women or others on her behalf)
- (This complaint form along with supporting documents must be submitted to ICC, LCC or shebox.wcd.nic.in)
- (The complainant must fill in all the required information and provide signature on each page of this form)

### **THIS FORM CONSISTS OF FIVE PARTS**

- ☐ **Part -1 Details of Complainer**
- ☐ **Part -2 Details of aggrieved women**
- ☐ **Part -3 Details of Respondent**
- ☐ **Part -4 Description of sexual harassment**
- ☐ **Part -5 Details of witnesses and evidences**

#### **Part -1 Details of Complainer**

- 1) Date of Complaint Filing: \_\_\_\_\_
- 2) Full name of complainer: \_\_\_\_\_ Gender: \_\_\_\_\_
- 3) Contact Details of complainer (Mobile No.) \_\_\_\_\_ email \_\_\_\_\_
- 4) Date of birth of complainer: \_\_\_\_\_
- 5) Residential Address of complainer (Present): \_\_\_\_\_
- 6) Residential Address of complainer (Permanent): \_\_\_\_\_
- 7) Name of Employer with address where complainer is working: \_\_\_\_\_
- 8) Designation of complainer: \_\_\_\_\_ Duration of employment: \_\_\_\_\_
- 9) Work ID of the complainer: \_\_\_\_\_
- 10) Relation of complainer with aggrieved women (mention self if filing herself): \_\_\_\_\_  
(Co-worker, employer, reporting manager etc.)

#### **Part -2 Details of aggrieved women**

- 11) Full name of aggrieved women (victim women): \_\_\_\_\_
- 12) Contact Details of aggrieved women (Mobile No.) \_\_\_\_\_ email \_\_\_\_\_
- 13) Date of birth of aggrieved women: \_\_\_\_\_
- 14) Residential Address of aggrieved women (Present): \_\_\_\_\_
- 15) Residential Address of aggrieved women (Permanent): \_\_\_\_\_
- 16) Name of Employer with address where aggrieved women is working: \_\_\_\_\_
- 17) Designation of aggrieved women: \_\_\_\_\_
- 18) Duration of employment with present employer: \_\_\_\_\_

Signature of Complainer \_\_\_\_\_

[NAME OF ORGANIZATION/EMPLOYER]

19) Work ID of the aggrieved women: \_\_\_\_\_

**Part -3 Details of Respondent**

20) Full name of respondent (against whom complaint is filled): \_\_\_\_\_

21) Contact Details of respondent (Mobile No.) \_\_\_\_\_ email \_\_\_\_\_

22) Residential Address of respondent (Present): \_\_\_\_\_

23) Residential Address of respondent (Permanent): \_\_\_\_\_

24) Name of Employer with address where respondent is working: \_\_\_\_\_

25) Designation of respondent: \_\_\_\_\_

26) Working relation of aggrieved women with respondent (Employer, Reporting Manager, co-employee, junior staff, other) : \_\_\_\_\_

**Part -4 Description of sexual harassment**

27) Number of sexual harassment incidences done by the respondent: \_\_\_\_\_

28) Are aggrieved women and responded working in the same organization or same department when the incidence of sexual harassment happened? \_\_\_\_\_

29) What was the date of last incidence of sexual harassment? \_\_\_\_\_

30) Mention date and time wise description of sexual harassment done by respondent: - (take additional sheet if required)

Date-1: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Description:

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Date-2: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Description:

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Signature of Complainer \_\_\_\_\_

[NAME OF ORGANIZATION/EMPLOYER]

31) Describe the physical and mental suffering aggrieved women experiencing now due to the sexual harassment committed by the respondent.

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32) Have you undergone any treatment by a psychiatrist or physician due to the sexual harassment committed by the respondent? (attach the supporting documents)

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**Part -5 Details of witnesses and evidences**

33) Is there any evidence or eyewitness of sexual harassment committed by the respondent? (ICC can call and cross check witnesses and evidences during redressal)

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34) Mention details of evidence of the incidence for supporting your complaint:

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35) Full name of witness: \_\_\_\_\_

36) Contact Details witness (Mobile No.) \_\_\_\_\_ email \_\_\_\_\_

37) Residential Address of witness (Present): \_\_\_\_\_

38) Residential Address of witness (Permanent): \_\_\_\_\_

39) Name of Employer with address where witness is working: \_\_\_\_\_

40) Designation of witness: \_\_\_\_\_

41) Working relation of aggrieved women with witness (Employer, Reporting Manager, co-employee, junior staff, other): \_\_\_\_\_

**Declaration:**

I (Full name of complainer) \_\_\_\_\_ filing  
complaint of sexual harassment on this date and day \_\_\_\_\_ against (Name of  
responder) \_\_\_\_\_

I declare that the above information given by me in this complaint is true and best of my knowledge. I am responsible for this complaint filed by me and aware that I can be punished for any malicious or false complaints.

Signature of Complainer \_\_\_\_\_

[NAME OF ORGANIZATION/EMPLOYER]

**Signature of the complainer** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Attachments:**

- 1) Concern letter of aggrieved women in case of complaint filed by any other person.
- 2) Evidences if any

**Signature of Complainer** \_\_\_\_\_