



# Shri Shivaji Education Society, Amravati's College of Engineering & Technology, Akola



## INTERNAL COMPLAINT COMMITTEE

### OBJECTIVE

To create a healthy environment on the campus where every woman feels safe and self-confident without any problems relating to gender discrimination and sexual harassment.

### FUNCTION OF ICC

- To address the informal and formal complaints of any female employee or student as specified in the objectives of the cell.
- To ensure the fair and timely resolution of the complaints.
- To provide counselling and support services on our campus.
- To promote awareness about sexual harassment through educational initiatives that encourage and foster a respectful learning work environment.

## COMMITTEE

S. N.	Name	Status	Cell No
1	Prof. Mrs. K. U. Deshmukh	Chairperson	9604912498
2	Prof. N. B. Bujruk	Member (non-teaching)	9665720622
3	Prof. K. S. Gilda	Member (Teaching)	9422224518
4	Ms. Yogita Shelke	Member (non-teaching)	9834926432
5	Mrs. Ashwini Deshmukh	Member (External NGO)	9405418570
6	Adv. Sharda M. Malhotra	Member (External Adv)	7972353508
7	Ku. Vedangi Palhade	Member (Student)	9665720622
8	Ku. Pranjali Wankhade	Member (Student)	9011638837
9	Ku. Payal Gorle	Member (Student)	9405944555

**By Order**



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## **Complaint Procedure**

- The woman suffering from the problems of sexual harassment or gender discrimination has to submit the complaint either formally in writing by filling out the complaint form available in the Internal Complaint Committee office or informally to any members of the Committee. These complaints will be discussed and resolved by the ICC members. If necessary the matter shall be referred to higher authorities for necessary action.
- All complaints will be handled confidentially within a time-bound framework.



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**STUDENT/EMPLOYEE COMPLAINT FORM**

To file a written complaint, please fill out this form completely and submit it by hand delivery, or mail it to [kdkudeshmukh@gmail.com](mailto:kdkudeshmukh@gmail.com) or call at Cell No 9604912498 to the Chairperson of the Internal Complaint Committee at. Your complaint will be kept strictly confidential if you want.

Complainant Name \_\_\_\_\_ Respondent \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

Telephone No \_\_\_\_\_

1. Date of the Incident \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Complete description of the incident causing this complaint

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3. Explanation of how this incident has harmed you

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4. Are there others who may have witnessed this alleged harassment?

If so, please provide their name(s).

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5. Are there others who may have experienced similar alleged harassment by the abovementioned individual? If so, please provide their name(s).

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6. Please describe any efforts you have made to resolve your incident/complaint informally and the responses to your efforts, if any.

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With whom did you communicate?

Name \_\_\_\_\_, Designation \_\_\_\_\_,  
Department \_\_\_\_\_, Date \_\_\_/\_\_\_/\_\_\_\_\_ 7.

Please mention the remedy you seek through this complaint

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Respondent Name \_\_\_\_\_ Witness 1 \_\_\_\_\_

Position \_\_\_\_\_ Witness 2 \_\_\_\_\_

Department \_\_\_\_\_ Complainant Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_ (For Office Use)

Reference Number –

Date