



# MOHAMED SATHAKCOLLEGE OF ARTS AND SCIENCE

(Affiliated to the University of Madras, approved by UGC & AICTE and Reaccredited by NAAC)  
Sholinganallur, Chennai-600119.

## Anti-Sexual Harassment Form

1. Name of the student: \_\_\_\_\_
2. Year of Study: UG I year [ ] II year [ ] III year [ ] IV year [ ] \_\_\_\_\_
3. Year of Study: PG I year [ ] II year [ ] \_\_\_\_\_
4. Hostellate [ ] Day Scholar [ ]
5. Persons engaging in alleged Ragging: \_\_\_\_\_
6. Please describe the specific act(s) alleged. If additional space is needed, you may write on the reverse side of this form or attach a separate sheet(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Location(s) of alleged incident: \_\_\_\_\_
8. Date(s) and approximate time(s): \_\_\_\_\_
9. Are there others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, please provide their name(s), indicate if witness or individual with similar experience, their address(s) and their phone number(s)  
\_\_\_\_\_
10. Did you tell anyone about your experience after the alleged incident? If so please provide the name(s) and telephone number(s) of whomever you spoke to  
\_\_\_\_\_
11. Did you take any action(s) in an attempt to stop the harassment? \_\_\_\_\_
12. Have you filed this report with any other agency or an attorney? Yes [ ] No [ ]  
If yes, with whom? \_\_\_\_\_

Signature of the Student:

Date:

Please return the completed form to :-  
Convener, Anti ragging committee.