



MOHAMED SATHAK A.J. ACADEMY OF ARCHITECTURE

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Sexual Harassment Complaint form

Date: __/__/__

Name of the Applicant : _____

Student/staff : _____

Course : _____

Register number/Staff ID : _____

Class and section : _____

Phone ID : _____

Email ID : _____

Event Occurred date :

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Complain Description

Root cause

Signature of the Student