**INDIAN FINANCIAL TECHNOLOGY AND ALLIED SERVICES**

**INTERNAL COMPLAINTS COMMITTEE  
COMPLAINT REGISTRATION/APPLICATION FORM**

Date:

Place:

To the Chairperson of Internal Complaints Committee

**PART A: Details of the Complainant**

Name of the Complainant:

Position held by the Complainant:

Age:

Gender:

Contact Number:

Email:

Address:

**(Only if applicable)**Name of the person filing complaint on behalf of the complainant:

Age:

Gender:

Relation with the complainant:

Contact Number:

Email:

Address:

**PART B: Details of the Respondent**

Name(s) of the Respondent:

Gender:

Designation:

**PART C: Details of the Incident(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Date and Time | Place of the Incident | Description of the Incident(s) |
|  |  |  |  |
|  |  |  |  |

Any other additional information about the incident:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Evidence that can be attached as proof (Please attach in the form of Annexures) :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any eyewitness or someone who is aware of the incident?

Yes/No/Not aware/Don’t wish to specify

Is this the first incidence? Yes/No/Not Applicable

If yes, (i) Was it reported to ICC before? Yes/No

(ii) Were the respondent/s same? Yes/No

Any previous incident if faced, do you wish to report it now? Yes/No/Not Applicable

If yes, state details of the previous incident:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaint filed by:

Name:

Signature:

Date: