Bharathidasan University

Equal Opportunity Cell – Grievance Form

Objective:

This form is designed to provide a platform for students, faculty, staff, and others to report grievances related to any form of discrimination, harassment, or inequality based on gender, caste, disability, religion, or any other discrimination.

1. Personal Information:

Full Name	
Gender	
Age	
Department/Section	
Reg Number (for students)	
Designation (for staff and faculty members)	
Contact Information (phone & email)	
Address:	

2. Details of the Incident.

Date of Incident:_____

Location of Incident:_____

Department/Unit Involved (if any) _____

3. Nature of Grievance:
(Please tick the appropriate category)

1. Discrimination
2. Harassment (Sexual, Verbal, etc.)
3. Caste-based Discrimination
4. Gender-based Discrimination
5. Disability-related Discrimination

6. Religious Discrimination
7. Unequal Treatment
8. Other (Please specify:) _____

4. Details of grievance

Please describe the grievances in detail, including any background information and specific incidents that occurred. Attach any additional documents or evidence, if necessary.

5. Individuals Involved:
(Please list the names and designations of individuals involved, if applicable.)

Name(s): _____

Designation(s): _____

Department/Unit: _____

6. Evidence and Supporting Documents.
(Attach any relevant documents, photos, videos, or communications that support your grievance.)

- Documents (e.g., emails, letters)
- Photographs
- Audio/Video Files
- Witness Statements
- Other (Please specify): _____

7. Action Taken (if any)
Have you reported this incident to any authority or taken action? If yes, please provide details regarding the actions and outcomes.

8. Desired Outcome/Resolution.

Please mention the outcome you are seeking or any actions you believe should be taken to resolve the grievance.

9. Declaration and Consent

I hereby declare that the information provided above is true, to the best of my knowledge. I understand that this grievance will be processed and investigated by the Equal Opportunity Cell of the Bharathidasan University.

Signature of the Complainant

_____

Date:

_____

For Office Use Only:

Date of the Grievance Receipt

_____

Date of acknowledgement of the complainant

_____

Action Taken/Comments:

_____

Outcome:

_____

This grievance form is handled with the utmost confidentiality. The Equal Opportunity Cell will ensure that grievances are addressed promptly and appropriately in accordance with the Bharathidasan University's policies.