

# PROVINCIAL OMBUDSMAN SINDH

The Protection against harassment of women at the Workplace

Act 2010 (Act No. IV of 2010 dated: 11 March 2010)

## COMPLAINT FORM



### (Address)

District Complaint Center: \_\_\_\_\_ Phone No: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Complainant's name and signature: \_\_\_\_\_

Name and signature of the recipient of the complaint: \_\_\_\_\_

**(Head Office):** New Sindh Secretariat Building, Room No. 711, 7th Floor Karachi.

Phone No: 021-99222744

Fax No: 021- 99222947

**(Camp Office):** 2B, Block-A, Sindhi Muslim Cooperative Housing Society, Karachi.

Phone No: 021- 99333470-71

Fax No: 021- 99333472

Email: [ombudsmanphwwp@gmail.com](mailto:ombudsmanphwwp@gmail.com)

Website: [www.sindhwomenharassment.org](http://www.sindhwomenharassment.org)

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1. Name and full details of complainant: \_\_\_\_\_

2. Department Address: \_\_\_\_\_

3. Designation / Profession: \_\_\_\_\_

4. Identity Card No: \_\_\_\_\_ Phone no: \_\_\_\_\_

## AGAINST

1. Name and full details of the Accused: \_\_\_\_\_

2. Department Address: \_\_\_\_\_

3. Designation / Profession: \_\_\_\_\_

4. Identity Card No: \_\_\_\_\_ Phone no: \_\_\_\_\_

5. Place of Incident: \_\_\_\_\_

6. Grievance or grievances that require redressal: \_\_\_\_\_

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Complainant's signature or left thumb impression

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## AFFIDAVIT

1. I, Mr/Ms/Mrs: \_\_\_\_\_ Son/wife/daughter: \_\_\_\_\_
2. Department Address: \_\_\_\_\_
3. Designation / Profession: \_\_\_\_\_
4. Identity Card No: \_\_\_\_\_ Phone no: \_\_\_\_\_

I declare under oath that:

1. To the best of my knowledge and understanding, the statements made in this complaint are true.
  2. Is there a statutory inquiry committee in the institution? If so, has the complaint been lodged with the inquiry committee and what has been its decision?
- 
3. Earlier, no complaint of this nature was filed by me in the office of the Provincial Ombudsman.

**OR**

Earlier Complaint No: \_\_\_\_\_ dated:\_\_\_\_\_ It was filed in the office of the Provincial Ombudsman.

That no appeal or application or proceeding of a legal nature in or relating to this matter is pending or pending before any Court or tribunal.

**OR**

Appeal application or other legal action on the matter under consideration in the Court with Suit/Complaint No: \_\_\_\_\_ under hearing.

That no judgment or order has been issued in any Court in respect of the said complaint.

4. I have made an application in this regard to the concerned department or institution, but I have not received any response.

**OR**

My aforementioned requirement \_\_\_\_\_ has been unfairly has been rejected.  
(Copies of application and related correspondence are attached)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature/Name/Seal of the person attesting to the affidavit

# **PROVINCIAL OMBUDSMAN SINDH**

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## **INSTRUCTIONS**

1. The organization to protect the dignity and honor of women in the workplace is undoubtedly a legitimate organization.
2. An effort has been made to ensure that women are protected against harassment under this Act.
3. This Act enjoins all the institutions to have a code of conduct at the place of employment.
4. However, this Act directs all institutions equally to constitute an inquiry committee consisting of at least three members of the institutions.
5. This institution also assures to keep the action on women's complaints confidential.
6. Articles 25, 26 and 27 of the Constitution condemning the gender based discrimination in public and workplace also play an important role in paving the way for the implementation of this Act.
7. Protecting the dignity of women and creating an environment free from sexual harassment is considered the top priority of this institution