



SHe-Box

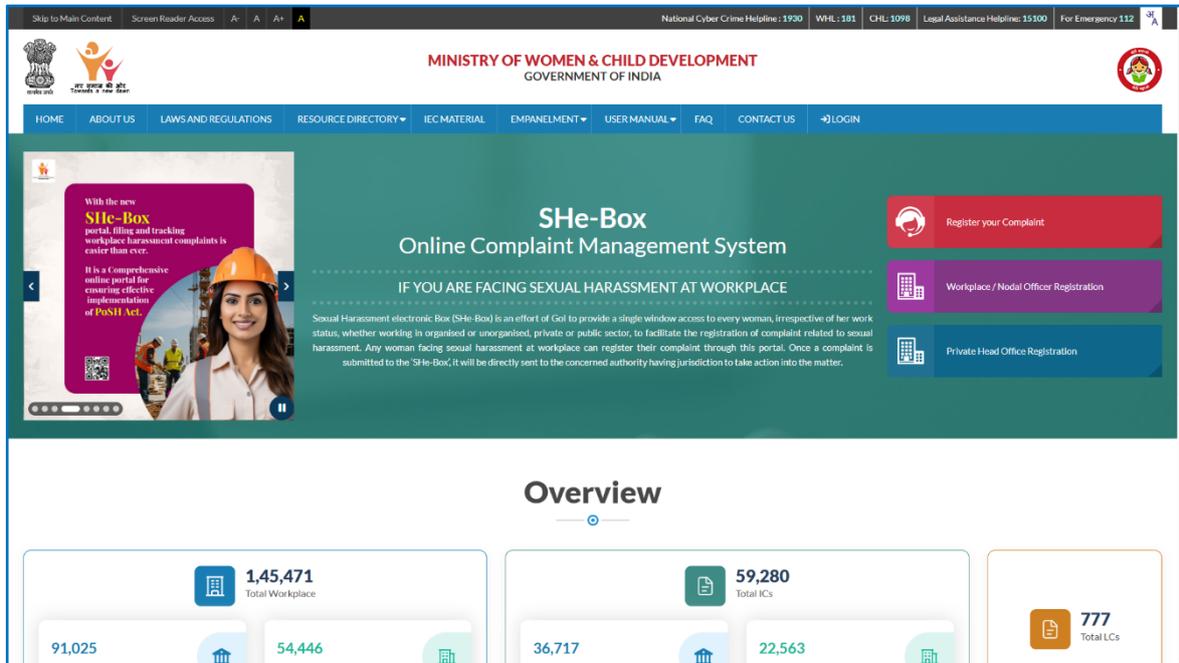
Complaint Registration (Central Government) User Manual

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1. Access the SHe-Box portal

- ❖ To access the SHe-Box portal:
 - (i) Open a web browser.
 - (ii) Enter the following URL in the address bar: <https://shebox.wcd.gov.in/>
 - (iii) The SHe-Box portal homepage will appear.

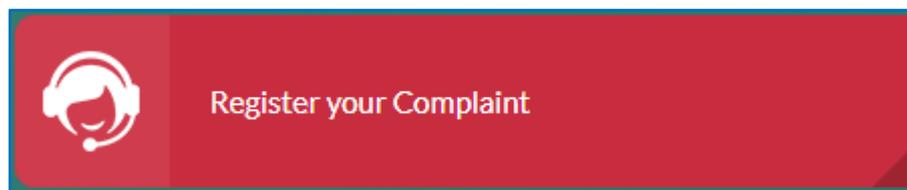


(Photo 1: SHe-Box homepage)

2. Register a Complaint

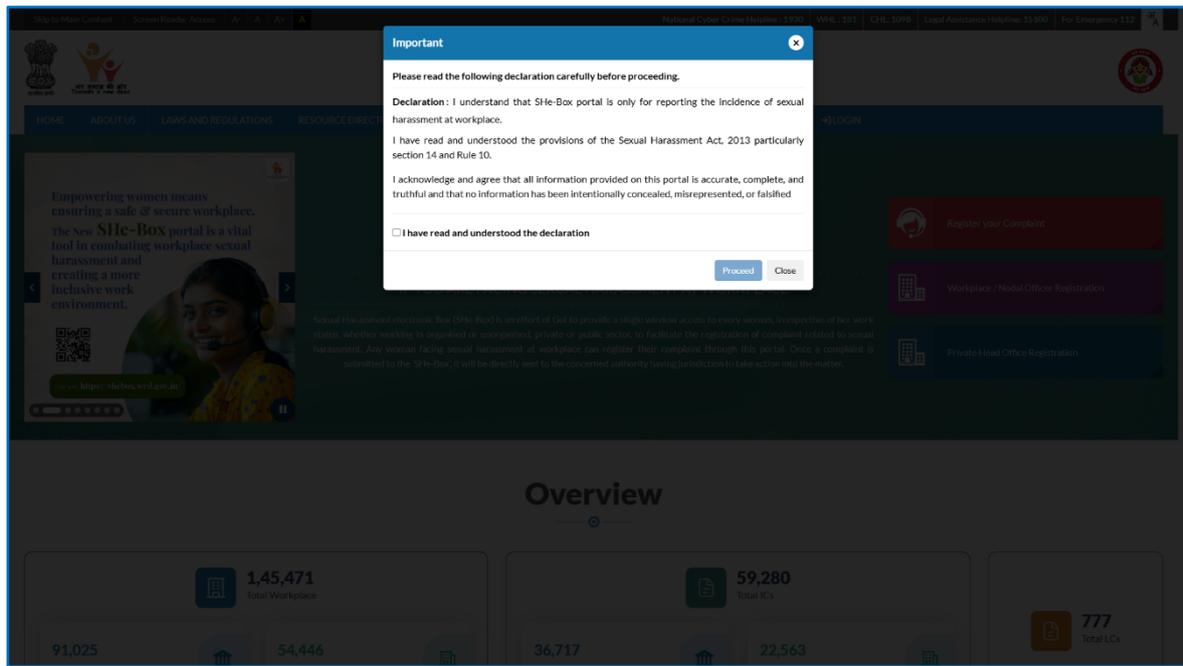
To register a complaint:

- (i) Click **Register Your Complaint**.



3. Disclaimer

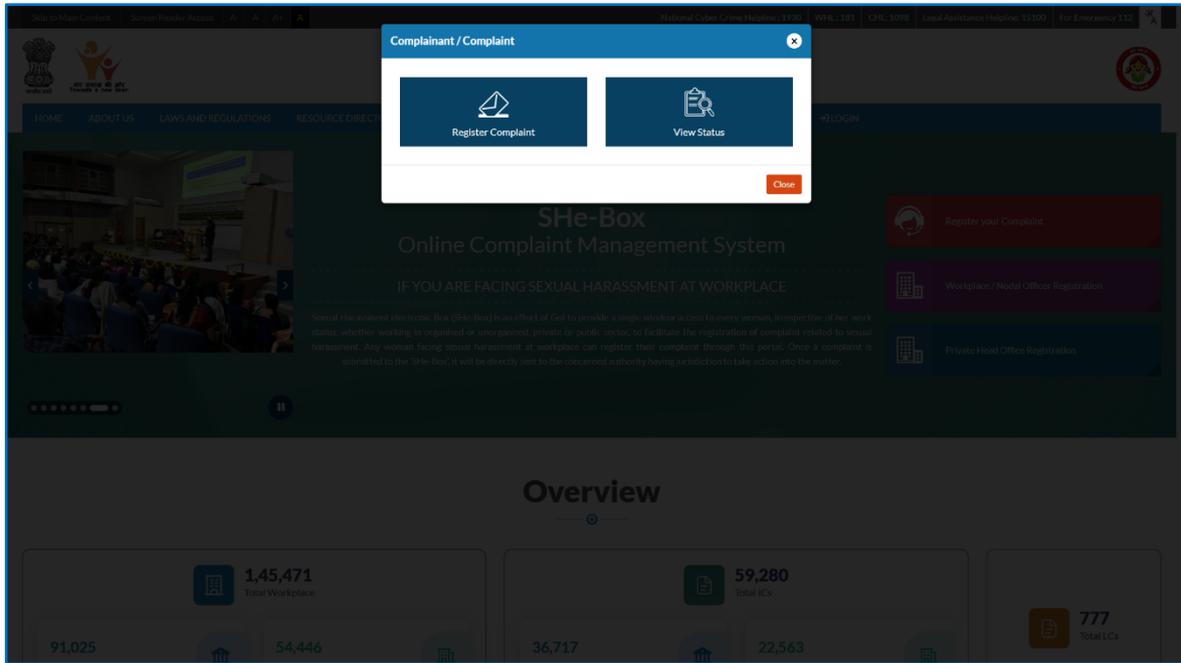
- (i) An **Important** pop-up window will appear.
- (ii) Read the declaration regarding the **Sexual Harassment Act, 2013**.
- (iii) Select the checkbox: **I have read and understood the declaration**.
- (iv) Click **Proceed** to continue.



4. Choose Action

Choose one of the following options:

- (i) **Register Complaint:** Register a new complaint.
- (ii) **View Status:** Track an existing complaint.



5. Provide Preliminary Details

In the **Register Complaint** window, enter the following details:

- **Employment Type:** Select **Central Government**
- **Nature of Harassment:** Select the applicable type of harassment (e.g., physical contact, showing pornography, or sexually coloured remarks).
- **Confirmation:** Select **Yes** to confirm that the harassment occurred at the workplace.
- Click **Proceed** to access the detailed complaint form.

Register Complaint

Please answer both questions to proceed.

I am an employee of:

Central Government State Government Private Sector

Which kind of sexual harassment at workplace have you faced?

Physical Contact or advances Showing pornography Hostile Work Environment

A demand or request for sexual favours Making sexually coloured remarks

Implied or explicit promise of preferential treatment in her employment

Implied or explicit threat of detrimental treatment in her employment

Implied or explicit threat about present and future employment status

Humiliating treatment likely to affect her health or safety

Unwelcome physical, verbal or non-verbal conduct of a sexual nature

Are you sure you have faced this kind of sexual harassment at workplace?

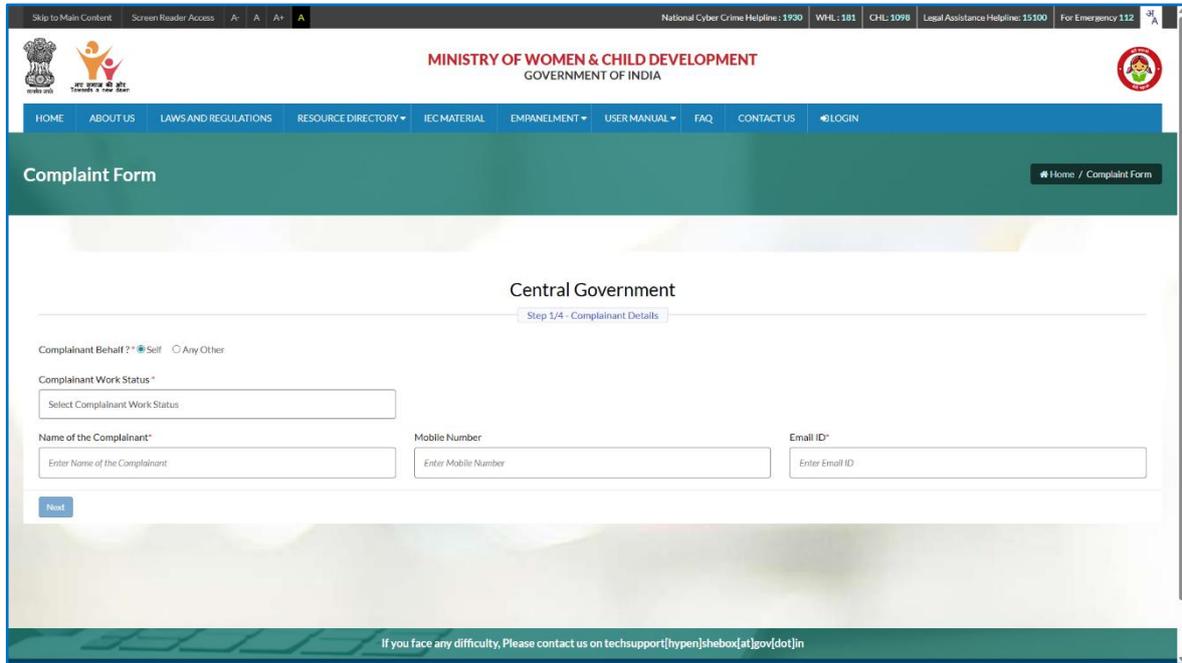
Yes No

Proceed

Step 1: Complainant Details

Select whether the complaint is registered by **the complainant itself** or **on behalf of another person**.

- **Self:** If you are registering the complaint for yourself.



Skip to Main Content | Screen Reader Access | A- | A | A+ | National Cyber Crime Helpline: 1930 | WHL: 181 | CHL: 1098 | Legal Assistance Helpline: 15100 | For Emergency 112

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 GOVERNMENT OF INDIA

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Complaint Form

Home / Complaint Form

Central Government

Step 1/4 - Complainant Details

Complainant Behalf? Self Any Other

Complainant Work Status*

Select Complainant Work Status

Name of the Complainant*

Enter Name of the Complainant

Mobile Number

Enter Mobile Number

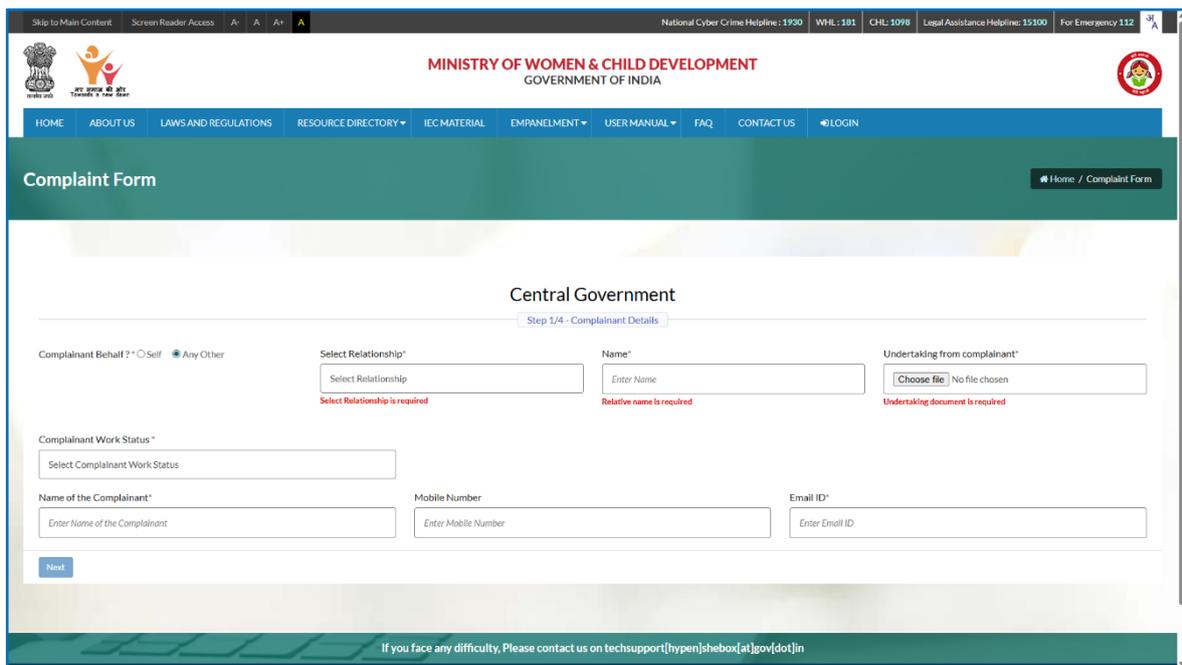
Email ID*

Enter Email ID

Next

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- **Any Other:** If you are registering the complaint on behalf of another person.



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Complaint Form

Home / Complaint Form

Central Government

Step 1/4 - Complainant Details

Complainant Behalf? Self Any Other

Select Relationship*

Select Relationship

Select Relationship is required

Name*

Enter Name

Relative name is required

Undertaking from complainant*

Choose file | No file chosen

Undertaking document is required

Complainant Work Status*

Select Complainant Work Status

Name of the Complainant*

Enter Name of the Complainant

Mobile Number

Enter Mobile Number

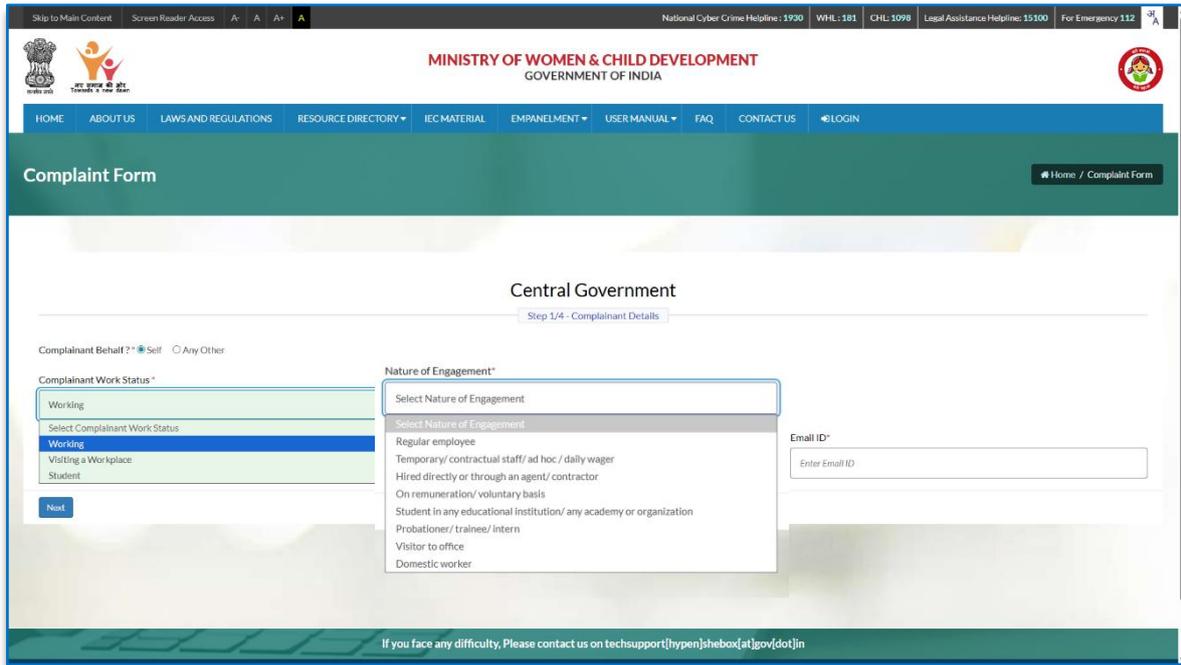
Email ID*

Enter Email ID

Next

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- If working, select the appropriate **Nature of Engagement**.



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Complaint Form | Home / Complaint Form

Central Government
 Step 1/4 - Complainant Details

Complainant Behalt? Self Any Other

Complainant Work Status*
 Working
 Select Complainant Work Status
 Working
 Visiting a Workplace
 Student
 Next

Nature of Engagement*
 Select Nature of Engagement
 Select Nature of Engagement
 Regular employee
 Temporary/ contractual staff/ ad hoc / daily wager
 Hired directly or through an agent/ contractor
 On remuneration/ voluntary basis
 Student in any educational institution/ any academy or organization
 Probationer/ trainee/ Intern
 Visitor to office
 Domestic worker

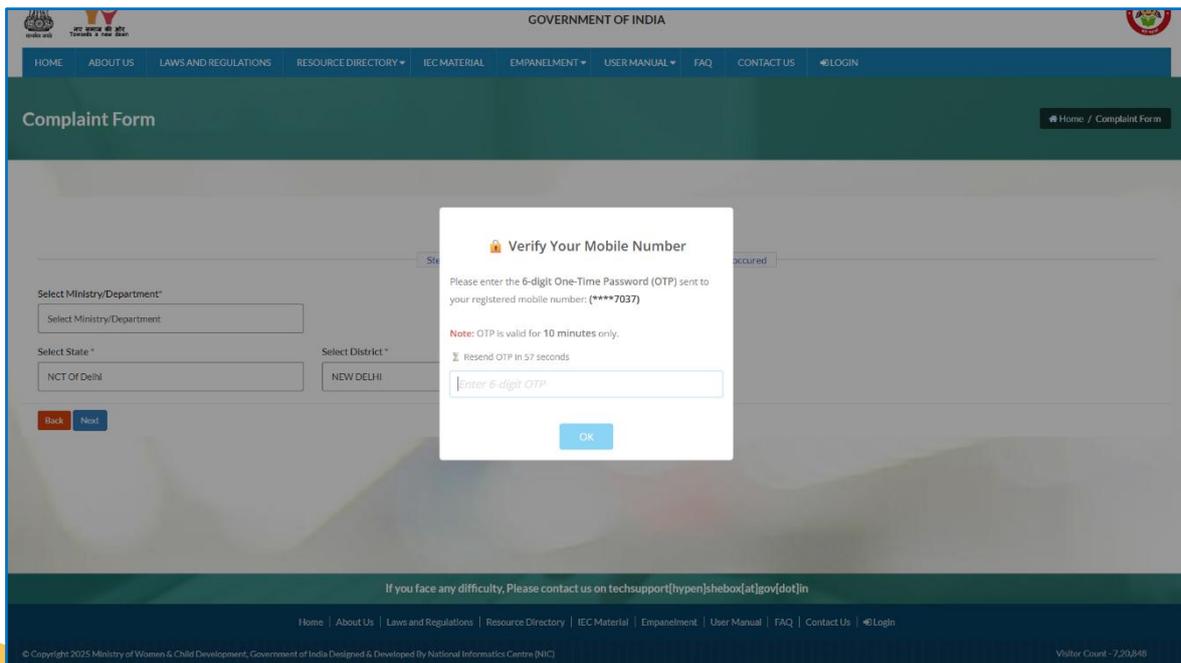
Email ID*
 Enter Email ID

If you face any difficulty, Please contact us on techsupport[hyphen]shebox[at]gov[dot]in

Note: Complete all mandatory fields and click **Next**.

Mobile Number Verification (OTP)

- After clicking **Next**, a 6-digit One-Time Password (OTP) is sent to your registered mobile number.
- An OTP Verification pop-up will appear.
- Enter the OTP received on your mobile, and click **OK** to verify.



GOVERNMENT OF INDIA

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Complaint Form | Home / Complaint Form

Select Ministry/Department*
 Select Ministry/Department

Select State*
 NCT Of Delhi

Select District*
 NEW DELHI

Back Next

Verify Your Mobile Number
 Please enter the 6-digit One-Time Password (OTP) sent to your registered mobile number: (****7037)
 Note: OTP is valid for 10 minutes only.
 Resend OTP in 57 seconds
 Enter 6-digit OTP
 OK

If you face any difficulty, Please contact us on techsupport[hyphen]shebox[at]gov[dot]in

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Important Notes:

- ✓ The OTP is valid for 10 minutes.
- ✓ The Resend OTP option is available after the timer expires.

Step 2: Location and Department Details

- Select the appropriate **State** and **District** from the lists.
- Select the applicable **Ministry/Department**.

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Complaint Form

Home / Complaint Form

Central Government

Step 2/4 - Details of workplace where the incident of sexual harassment occurred

Select Ministry/Department*

Select State *

Select District *

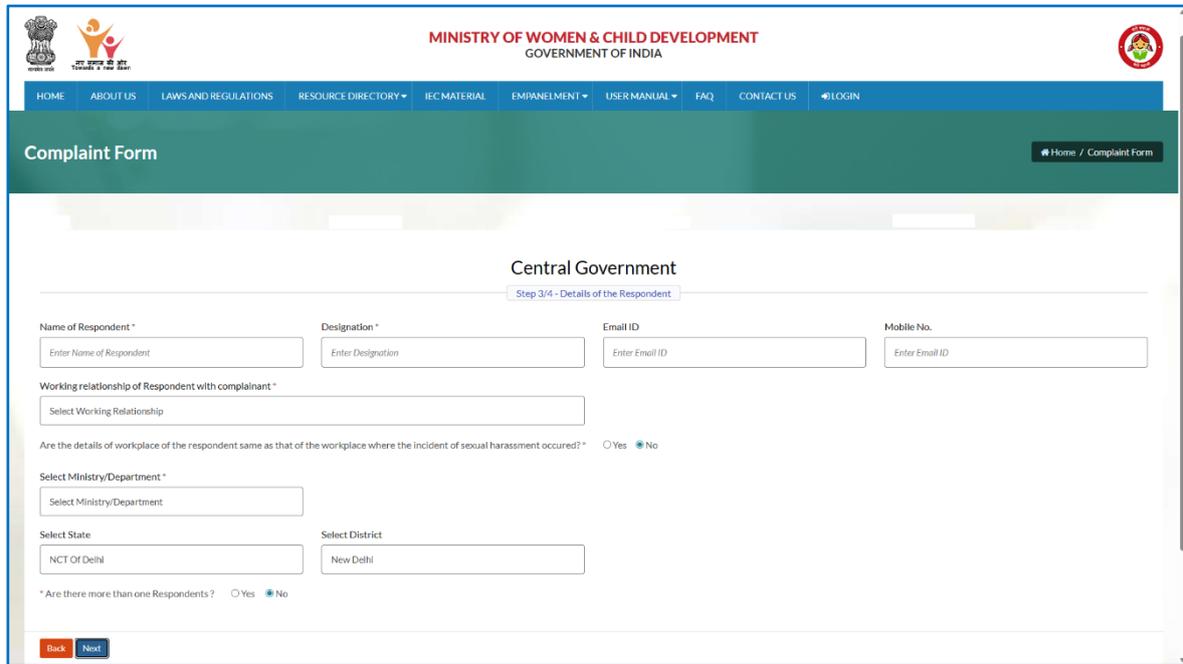
Back Next

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Note: Complete all required fields. Click **Next** to continue.

Step 3: Details of the Respondent

- Enter the respondent's Name, Designation, Email ID, and Mobile Number.
- Select the **working relationship** with the respondent.



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Complaint Form Home / Complaint Form

Central Government
Step 3/4 - Details of the Respondent

Name of Respondent * Designation * Email ID Mobile No.

Working relationship of Respondent with complainant *

Are the details of workplace of the respondent same as that of the workplace where the incident of sexual harassment occurred? * Yes No

Select Ministry/Department *

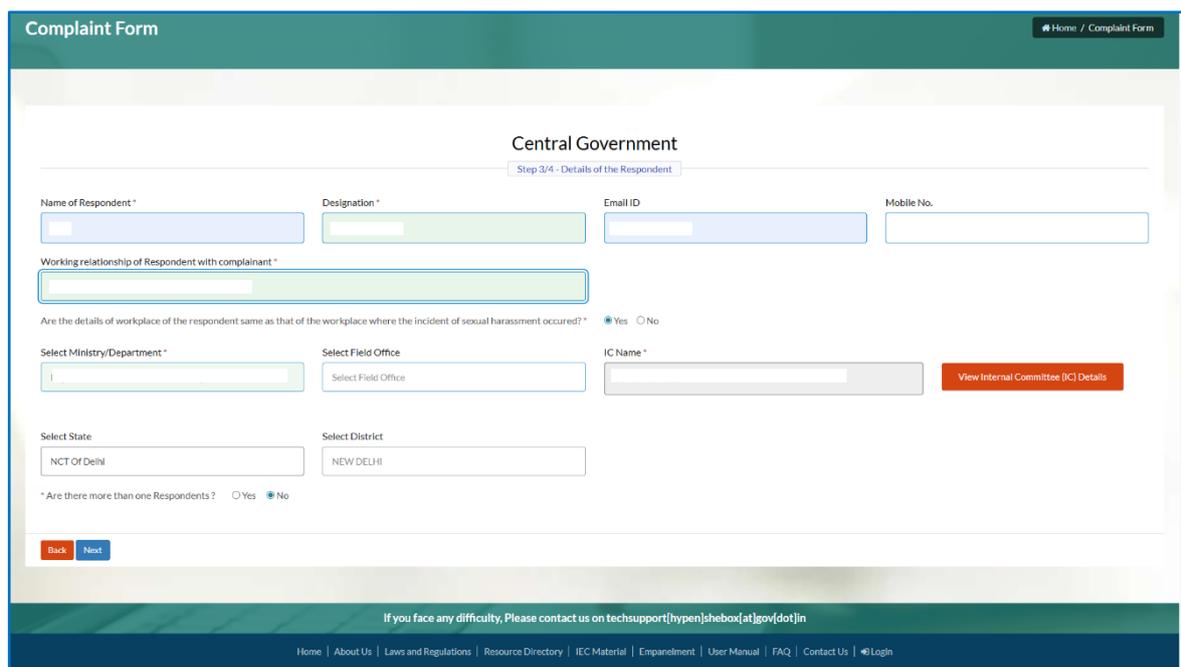
Select State Select District

NCT Of Delhi New Delhi

* Are there more than one Respondents? Yes No

Back Next

- Indicate whether the respondent's current workplace is the same as the location where the incident occurred. If **yes**, select the relevant **Ministry/Department** and **Field Office**, and the **Internal Committee (IC)** name will be auto-populated.



Complaint Form Home / Complaint Form

Central Government
Step 3/4 - Details of the Respondent

Name of Respondent * Designation * Email ID Mobile No.

Working relationship of Respondent with complainant *

Are the details of workplace of the respondent same as that of the workplace where the incident of sexual harassment occurred? * Yes No

Select Ministry/Department * Select Field Office IC Name * View Internal Committee (IC) Details

Select State Select District

NCT Of Delhi NEW DELHI

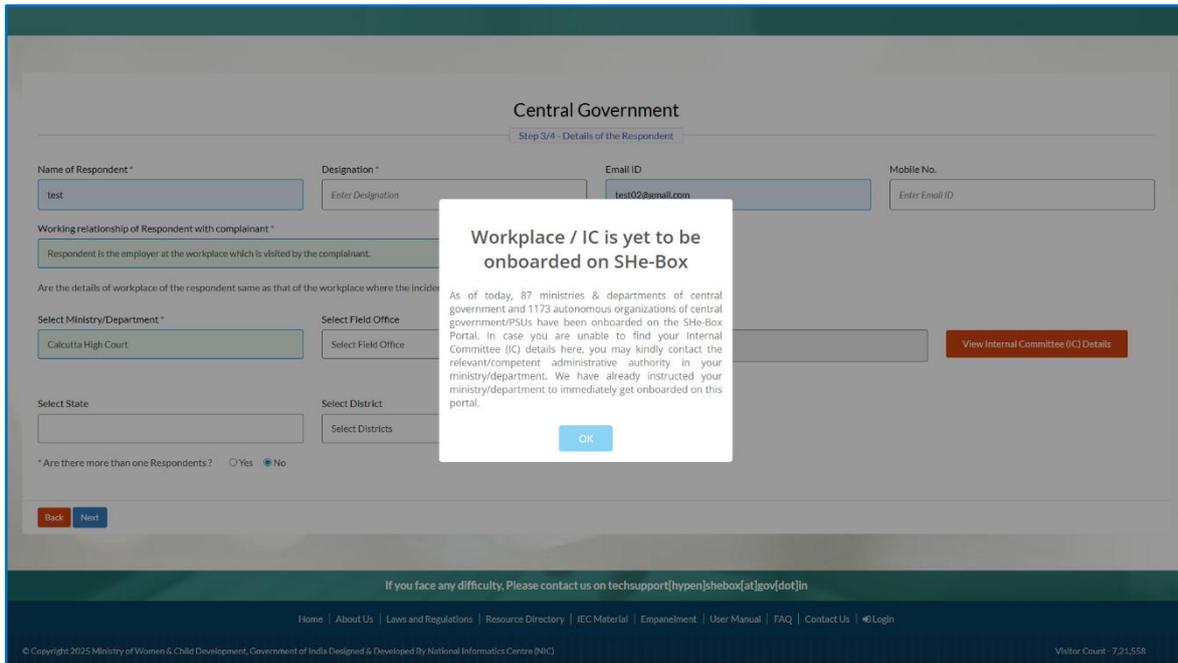
* Are there more than one Respondents? Yes No

Back Next

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- **If No:** You must provide the specific location details of the incident.



Central Government
Step 3/4 - Details of the Respondent

Name of Respondent *
test

Designation *
Enter Designation

Email ID
test02@gmail.com

Mobile No.
Enter Email ID

Working relationship of Respondent with complainant *
Respondent is the employer at the workplace which is visited by the complainant.

Are the details of workplace of the respondent same as that of the workplace where the incident occurred? *
 Yes No

Select Ministry/Department *
Calcutta High Court

Select Field Office
Select Field Office

Select State
Select District

* Are there more than one Respondents? Yes No

View Internal Committee (IC) Details

Workplace / IC is yet to be onboarded on SHe-Box

As of today, 87 ministries & departments of central government and 1173 autonomous organizations of central government/PSUs have been onboarded on the SHe-Box Portal. In case you are unable to find your Internal Committee (IC) details here, you may kindly contact the relevant/competent administrative authority in your ministry/department. We have already instructed your ministry/department to immediately get onboarded on this portal.

OK

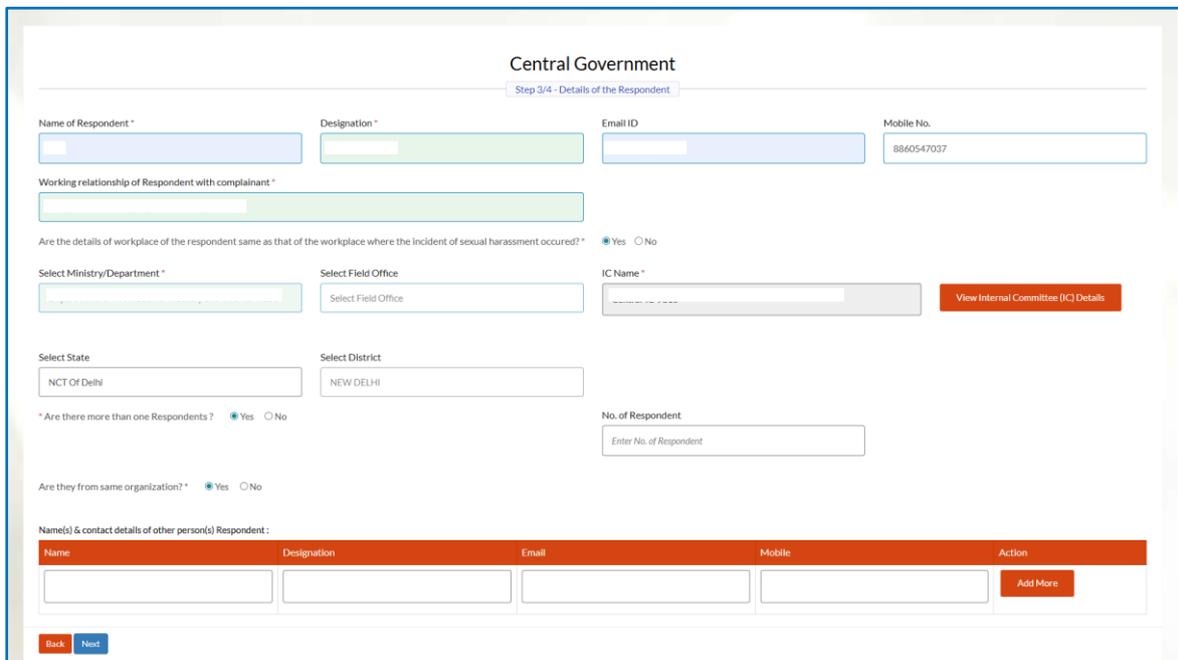
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Note: If a pop-up message displays *Workplace / IC is yet to be onboarded*, it indicates that the department is registered on the portal, but the **Internal Committee (IC)** has not yet been registered.

- If multiple respondents are involved, add details for each.



Central Government
Step 3/4 - Details of the Respondent

Name of Respondent *
[Empty]

Designation *
[Empty]

Email ID
[Empty]

Mobile No.
8860547037

Working relationship of Respondent with complainant *
[Empty]

Are the details of workplace of the respondent same as that of the workplace where the incident of sexual harassment occurred? *
 Yes No

Select Ministry/Department *
[Empty]

Select Field Office
Select Field Office

IC Name *
[Empty]

View Internal Committee (IC) Details

Select State
NCT Of Delhi

Select District
NEW DELHI

* Are there more than one Respondents? Yes No

No. of Respondent
Enter No. of Respondent

Are they from same organization? * Yes No

Name(s) & contact details of other person(s) Respondent:

Name	Designation	Email	Mobile	Action
[Empty]	[Empty]	[Empty]	[Empty]	Add More

Back Next

Note: Complete all required fields. Click **Next** to continue.

Step 4: Complaint Details and Submission

- (i) Select the **Type of Harassment**.
- (ii) Provide a brief description of the incident (up to 500 words), including date and location.

Indicate whether the incident was previously reported to your office's Internal Committee (IC):

- Select one of the following options:
 - **Yes** –Enter the date of the original report.

The screenshot displays the 'Complaint Form' page on the Ministry of Women & Child Development website. The page is titled 'Central Government' and 'Step 4/4 - Complaint Details'. It includes a navigation menu with options like HOME, ABOUT US, LAWS AND REGULATIONS, RESOURCE DIRECTORY, IEC MATERIAL, EMPANELMENT, USER MANUAL, FAQ, CONTACT US, and LOGIN. The form fields are: 'Have you already registered complaint with IC?' (Yes/No), 'Reference No. (If any)' (text input), 'Date of lodging a complaint with.' (date input), 'Type of Harassment' (dropdown menu), 'Brief description of the incident with relevant facts (Max 500 words)' (text area), 'Please Upload Supporting Document (PDF, JPEG, PNG Only) If any' (file upload button), and 'Captcha Code' (captcha input). There are 'Register' and 'Back' buttons at the bottom.

After Submission

- A **Reference Number** will be generated.
- Please save the reference number for future tracking.

Note:

- ✓ Maximum file size: **2 MB**
- ✓ Allowed formats: **PDF, JPEG, PNG**