

SEXUAL HARASSMENT POLICY COMPLAINT FORM

1. Please Note:

- (a) THAT this form can be filled by anyone who wishes to report a case of sexual harassment/discrimination/violence faced by themselves or another member of the University community
- (b) THAT by filling this form you commit to assist the University in the investigation and adjudication of the complaint
- (c) THAT the investigation process will involve interviewing the complainant and individual(s) complained against.
- (d) THAT complainants are encouraged to peruse the Policy to better understand their rights and obligations, and the procedures of reporting/investigating/adjudicating complaints.

2. I / We (name/s),

- (a)
- (b)
- (c)

(tick appropriately)

Student(s) Faculty Staff Other (specify) _____

of USIU-Africa ID No. _____,

3. Wish to make a complaint against the following person(s):

- (a)
- (b)
- (c)

Please include the title and relationship (e.g. lecturer, supervisor)

4. On the grounds of:

Sexual harassment

Sexual discrimination

Sexual violence

5. Please explain what happened: (include as much detail as possible e.g. dates, locations etc.)
Attach separate sheet if space is not sufficient.

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6. Witnesses/person(s) who may be interviewed/person(s) with knowledge of matter being complained of: (where possible explain why such person(s) should be contacted)

- (a)
- (b)
- (c)

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7. Have you filed this complaint elsewhere? (Either internally or externally – the Police/OB No.)

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8. I certify that:

- (a) The information provided is true and correct;
- (b) I shall cooperate fully in the investigation of the complaint;
- (c) I have the right to expect highest level of confidentiality as relates to this complaint; and

(d) The university may take disciplinary action against me should the complaint be proven to be frivolous or malicious.

Signature: _____ **Date:** ____ / ____ / ____ / ____

FOR OFFICIAL USE ONLY:

For Students: Deputy Vice Chancellor Academic & Student Affairs

Date of lodging complaint: ____ / ____ / ____ / ____ Complaint lodged by: _____

For Faculty/Staff: Director of Administration

Date of lodging complaint: ____ / ____ / ____ / ____ Complaint lodged by: _____

Others: Director of Administration

Date of lodging complaint: ____ / ____ / ____ / ____ Complaint lodged by: _____