

SEXUAL AND GENDER BASED VIOLENCE 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. Please describe the nature of your complaint:

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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. Briefly outline any additional information about the complaint which the Gender Equity and Protection Officer needs to note:

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9. 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: _____

Note: While complainants are encouraged to use the complaint form, complaints made outside this format or reported to offices other than those stipulated in the policy, will be taken seriously and duly investigated.