

**Complaint Form for Gender Discrimination/Harassment**

**Gender Cell of the Faculty of Medicine (GCFM), University of Jaffna**

**1. Complainant:**

Complainant type: Staff  Student  Parent  Other (specify):-----

Name:----- NIC:-----

Department/Unit/Division /Faculty/Other:----- Gender: (M/F/Other) Age:-----

Contact number:----- Email:-----

Employee/Student ID Number:-----

Residential address:-----

**2. Affected person (If different from the complainant):**

Affected person's name:-----

Affected person's gender: (M/F/Other) Contact number:-----

**3. Alleged person(s) responsible against whom the complaint is being made:**

	Name/s of the alleged person/s responsible	Department/Unit/Division/Faculty/Other	Gender	Any other information regarding the alleged person responsible
1				
2				
3				
4				
5				
6				
7				
8				

Status of alleged person(s) responsible: Staff  Student  Other (specify):-----

Relationship of alleged person(s) responsible to the complainant:

Colleague  Superior  Teacher/Supervisor  Senior/Junior  Other (specify):-----

**4. Complaint:**

Describe specific act(s) alleged with place(s), date(s) and time(s) if possible. Attach additional sheets, if given space is not enough.

**If you wish**, you can attach a copy of any evidence that you think may help in the investigation.

Evidence attached: Yes/No

Describe how this occurrence/s affected you (example, missed any work time/class time/physically/psychologically/avoidance of the alleged person(s) responsible).

Have you sought any help/advice from anyone in the University or contacted any officials in the University regarding this matter? If so, please specify to whom and when and whether any action was taken.

Remedy that you seek through this complaint:

Mediation       Punishment       Unable to decide now       Other (Specify)-----

I know once a complaint is made, it stands. I agree to cooperate in the investigation conducted by the Faculty into this matter. I confirm that all details provided in this form are true and understand that disciplinary action may be taken if I am found to have misstated any facts contained in this complaint.

Signature: -----

Date: -----

**When the Form is completed and signed by you and then signed by the Coordinator of the Gender Cell of the Faculty of Medicine, your complaint has been properly received and noted by the Faculty. You will be provided with a copy of this form as well as complete information about the complaint processing procedure.**

**For Office Use**

Reference No.: -----

Complaint received by (Name of the Coordinator, GCFM):-----

Signature: -----

Date: -----