

Center for Gender Equity/Equality, University of Jaffna
Complaint Form on Gender Discrimination / Harassment

I. Complainant/Informer:

Name:-----

Department/ Unit / Division /Faculty (if applicable):----- Sex: (M/F) Age:-----

Mobile Number: ----- Email:-----

Employee/Student ID Number:-----

Residential Address:-----

Status of Complainant/Informer: Staff Student Other (specify):-----

Type of Complaint: Gender based Discrimination Sexual Harassment

Basis of Complaint (tick all relevant boxes, when there are more than one basis):

Ethnicity Religion Color National Origin Age Sex/Gender Sexual Orientation

Gender Identity Disability Pregnancy Marital Status Parental Status

Sexual Harassment Sexual Assault Sexual Violence Retaliation

Other (specify): -----

II. Person(s) against whom the complaint is being lodged:

Name(s) of Respondent(s)	Department/Unit/ Division/Faculty (if applicable)	Sex	Age	Contact Details (Mobile/Email)	Employee/Student ID No.

Status of Respondent(s): Staff Student Other (specify):-----

Relationship of Respondent(s):

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

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III. Complaint:

Describe specific act(s) alleged with date(s), time(s) and location(s) if possible. If additional space is needed, attach additional sheets.

Are there any documents which contain information supporting the occurrences or any physical evidences that support your complaint? If so, please describe or attach a copy.

Have you missed any work time/class time as a result of the alleged act/omission of the respondent(s)? If yes, please indicate dates of absence.

Have you brought this matter to the attention of any authorities in the University? If so, please specify to whom and when this matter was reported and what action was taken.

Describe the remedy that you seek through this complaint.

I am aware that an informal process is available to resolve a complaint, and feel that a formal complaint is appropriate to resolve the discrimination/harassment I allege in this complaint. I know once a complaint is made, it stands. I agree to cooperate in any investigation conducted by the University into this matter. I understand that if I am found to have knowingly misstated any material fact in this complaint, I am subject to disciplinary action in accordance with applicable University policies and procedures for students and staff.

Signature: -----

Date: -----

When the Form is completed and signed by you and then signed by the Officer at the Center for Gender Equity/Equality, your complaint has been properly received and noted by the University. You will be provided with a copy of this form as well as complete information about the complaint processing procedure.

For Office Use

Complaint Reference No.: -----

Complaint received by -----
(Name and Signature)

Date: -----