

## FORM FOR FILING A COMPLAINT BASED ON

# DISCRIMINATION/SEXUAL HARASSMENT/VIOLENCE

Name of the complainant:

Position/Role at the DIT (optional):

### SUBJECT OF THE COMPLAINT:

What happened? (perspective of the person making the complaint)

Who was responsible for the incident?

Which specific feature(s) is/are affected?

- Age
- Gender
- Sexual orientation
- Religion/Belief
- Disability
- Ethnic origin/racist ascription

This is a complaint due to:

- direct discrimination
- indirect discrimination
- harassment
- sexual harassment
- instruction to discriminate
- violence
- sexualised violence

When and where did the incident occur?

Are there any witnesses and/or supporting evidence? If yes, which are they?

Have other authorities already been informed about the incident? If yes, which ones?

- I consent that the victim(s) is/are informed of the information I have provided.
- I agree that the President as well as the Chancellor of DIT will be notified of this notification.
- I am aware that without my agreement to the above two points, there is no possibility for further action to be taken on this complaint.