

## HEFOR14 Sexual Assault Harassment Complaint Form

To be filled by the Complainant, in the presence of the Student Welfare Officer or Human Resources staff member.

Complainant Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

Name of Accused: \_\_\_\_\_

Relationship (if any) to the Accused: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe the Incident:

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Names of Witnesses (if any): \_\_\_\_\_

Have similar incidents occurred in the past? \_\_\_\_\_

What was the nature of the past incident(s)?

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By signing below, I certify that all information provided above is true and correct to the best of my knowledge.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Welfare Officer (Interviewer) Name: \_\_\_\_\_

Student Welfare Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality**

Confidentiality will be respected and maintained at all times within the constraints of the need to fully investigate the matter, subject to any legal requirements for disclosure and consistent with the principles of natural justice.

<b>Author</b>	Academic Director
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