UAS LTD HARASSMENT COMPLAINT FORM

Complainant's details (The complainant is required to put his/her name to the allegation as the University will not be able to act upon an anonymous report.)		
Name		
Your affiliation with UAS	 <u>Staff</u> Position/Designation: Division/Department: <u>Student</u> Programme/ Student No.: <u>Public</u> 	
Contact details	Contact number:Email address:	
Respondent's details		
Name		
Affiliation with UAS, if known	 <u>Staff</u> Position/Designation: Division/Department: <u>Student</u> Programme: 	
Relationship to the complainant (e.g. colleague, student)		
Witness' details (If any	y)	
Affiliation with UAS/ other organisation, if known	Organisation:Position/Designation:Division/Department:	

Contact details	Contact number:Email address:
Consent given by witness to testify?	□ Yes □ No
Incident Report	
Date and time of incident	
Location where the incident happened	
Description of the incident (please use separate paper if necessary)	
Has this incident occurred before? If yes, please provide details (frequency, estimated date(s),	
estimated date(s), etc.).	

Are there any physical/electronic documents or materials or any other evidence of the incident (e.g. photographs, videos and screenshots)? If yes, please describe them briefly and where applicable/appropriate, please provide the documents/evidence by attaching soft copies. If required, we can also arrange to receive the documents/ materials/ evidence from you in person. Do you have any other	
details or information which would assist us in the investigation? If yes, please provide details.	
Have you reported the incident internally or through any other channels? If yes, to whom have you made the report?	
Have you reported the incident to the Police?	 Yes Date of report: No

I confirm that to the best of my ability and knowledge, all information provided herein are true and correct.

Signature of Complainant	Date