

## HARASSMENT COMPLAINT FORM

### COMPLAINANT

- Affected person   
  Prevention Service/Unit   
  Human Resources   
  Head of affected division/section/unit  
 Health and Safety Committee   
  Prevention delegates   
  Others:

### TYPE OF HARASSMENT

- Moral/labor   
  Sexual   
  Gender-based   
  Based on sexual orientation  
 Other types of discrimination (Please specify):

### PERSONAL DATA OF THE AFFECTED PERSON

Name and surname:

Gender:

M     F

### PROFESSIONAL DATA OF THE AFFECTED PERSON

Division/Section/Unit:

Labor relationship:

- Permanent staff   
  Temporary staff   
  Intern   
  Other:

### STATEMENT OF THE FACTS

### ANNEXED DOCUMENTATION

- Yes (Please specify)   
  No

### REQUEST

- I hereby request the application of the "Protocol for the prevention and action against harassment in the workplace of the CLPU"

DATE AND LOCATION

SIGNATURE