THE CHINESE UNIVERSITY OF HONG KONG

COMPLAINT FORM

Points to Note:

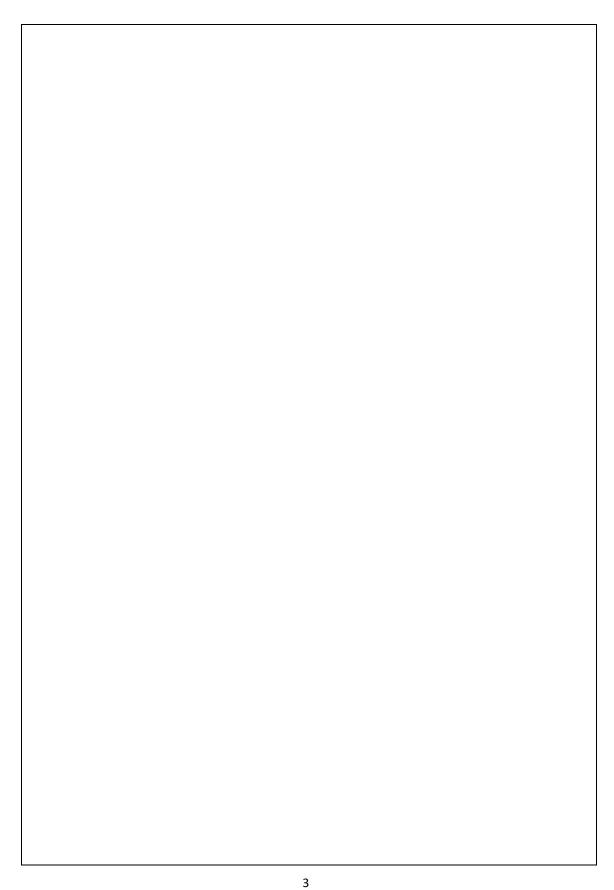
- 1. Please refer to the <u>Procedures for Handling Discrimination Complaints</u> / <u>Policy Against Sexual Harassment</u> before filling out this form. If the informal process of resolving the matter fails, or if you decide not to attempt any informal resolution, you may make a formal complaint by duly completing this form. Please send it to the Panel Against Discrimination and Sexual Harassment (PADSH) c/o Diversity and Inclusion Office (DIO), 501 Mong Man Wai Building, The Chinese University of Hong Kong or email to <u>padsh@cuhk.edu.hk</u>.
- 2. Please complete the information requested below so your complaint can be handled as soon as possible. Upon receipt of this form, the responsible officer at DIO, i.e. Secretary of the Committee Against Discrimination and Sexual Harassment, will contact you directly.
- 3. The personal information provided will be treated in strict confidence in accordance with the existing University policies and applicable laws, particularly the Personal Data (Privacy) Ordinance. The complaint and the materials submitted will only be disclosed to relevant parties on a strict need-to-know basis.
- 4. If you have any questions or need assistance in completing this form, please contact our hotline at 3943 8716.

SECTION 1: Personal Information

Name:	Staff/Student ID no.:
Job post (if applicable):	Department/Unit:
Contact phone no.:	Email address:

SECTION 2: Particulars of Respondent (Respondent can be a person or a unit/department)

Name:	Staff/Student ID no.:
Job post (if applicable):	Department/Unit:
Contact phone no.:	Email address:
SECTION 3: The Complaint	
persons involved, date, time, location, ir	etails of the complaint, including the names of neident and effects on you. If necessary, please gnature and date, and attach it to this form.



	ocuments attached? (e.g. photos, text messages, emails) ng materials available to you and attach copies if possible.
□No	
☐ Yes	
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If you have tried to resolve and what action, if any, was	the complaint informally, please state who you contacted taken.
I hereby confirm that the information provided in this form is true and accurate to the best of my knowledge and belief.	
Signature:	Date: