Request to implement protocol in response to sexual or gender-based harassment

TYPE OF HARASSMENT

☐ Sexual   ☐ Gender based

PERSONAL DATA

Full name:

Tax Number: _____   **Tel:** _____   Sex
○ Male   ○ Female

OCCUPATIONAL DATA

Work site / Management centre

Employment description:

Employment:

☐ Career official   ☐ Interim   ☐ Indefinite contracted   ☐ Temporary contracted

Group ____   Class ____   Seniority ____

DESCRIPTION OF THE FACTS REPORTED

DOCUMENTATION ATTACHED

○ Yes (specify)   ○ No

Any witnesses to the events reported should be identified, when evidence is supplied

REQUEST

☐ Please initiate the response protocol to sexual or gender-based harassment

☐ Please provide confidential counselling (Name of confidential advisor) _____

☐ Support person to be present during application of the protocol (Name of support person) _____

LOCATION _____   Date: _____   SIGNED

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