



Sexual Harassment Complaint Form

1. Please read the '**Important Notes**' in Section A carefully before filling in this Form.
2. One may consult the Academic Affairs Department for advice before submitting this Form.
3. Please tick the relevant boxes below as appropriate.
4. Attach additional sheets if necessary; sign each additional page and submit together with this Form.

Section A - Important Notes

1. After completion of this Form, the Complainant should seal the completed form, together with any written declaration or evidence, in an envelope and submit the envelope in person or by registered mail to the Academic Affairs Department.
2. Unless prevented by exceptional circumstances, the Complainant should file a complaint within 1 year after the occurrence of the sexual harassment incident; if such exceptional circumstances do exist, the Complainant should specify the cause of event in the Form.
3. Anonymous complaints will not be processed and the pertinent information will be destroyed accordingly.
4. The Complainee will receive a notice containing the name of the Complainant and details of the complaint lodged against him/her. Other than the above, the Institute shall not disclose any personal information of the Complainant to the Complainee.
5. Any person who knowingly files a false sexual harassment complaint or provides false information in the course of an investigation may be subject to disciplinary proceedings, as well as possible civil or criminal charges.
6. As the Institute may contact with the Complainant whenever it is necessary after receiving a complaint, the Complainant is obligated to provide appropriate contact information to the Institute. After completion of the investigation procedures, the Academic Affairs Department shall inform the Complainant in writing of any decision regarding the complaint.



Are there any witnesses to the above-mentioned incident? (Attach separate sheets if necessary)

Yes Name of Witness #1 : _____ Contact number : _____
(3 witnesses Email : _____
for one case at Name of Witness #2 : _____ Contact number : _____
maximum) Email : _____
Name of Witness #3 : _____ Contact number : _____
Email : _____

No

Evidence/Supplementary Documents: (Attach separate sheets if necessary)

Yes Please specify : _____

No

Section E - Complainant's Declaration

1. I hereby declare that all information provided above is accurate and true.
2. I understand that all information provided by myself will be treated in confidence and give my consent to the disclosure of the same information to any staff members who will be responsible for handling this complaint and will be bound by confidentiality obligations.
3. I understand to the best of my knowledge and belief and give my consent to the Important Notes in Section A of this Form.

(DD/MM/YYYY)

Signature

Section F - Preliminary Decision (for internal use only)

- The Academic Affairs Department shall apply follow-up procedures in accordance with the "Macao Polytechnic Institute Guidelines on Prevention of Sexual Harassment and Procedures for Handling Sexual Harassment complaints".
- To be submitted to the President