**Discrimination Reporting Form**

(For use by Students, Staff, and other Complainants)

**COMPLAINANT** (Place a √ in the appropriate box)

 Victim Witness

 Student Staff Other

**INFORMATION OF THE COMPLAINANT**

Name (English):                                                                                         (Chinese):

Gender:

Contact Number:                                                          Email:

ID: (Place a √ in the appropriate box)

 Student: (Student’s ID)

 Staff: (Staff ID)

 Position:

 Job title:

 Department:

Date(s) and time(s) of alleged incident:

Name of person/s you believe discriminated you or another person/s:

If the alleged incident was directed at a person other than you, please identify the other person:

Please describe as clearly as possible the alleged incident.  (Please attach additional pages, if needed. Every page enclosed should be signed by the complainant).

Please describe how you or the person at whom the incident was directed responded or reacted to the incident, including what was said. (Please attach additional pages, if needed. Every page enclosed should be signed by the complainant).

Where did the incident occur?

Were there any witnesses?  If so, please list their names.

Please provide any other information that you believe will assist the University in investigating this incident. (Please attach additional pages, if needed. Every page enclosed should be signed by the complainant).

Have you discussed the incident with someone in this University? (Place a √ in the appropriate box)

 No

 Yes (Please provide the name/s position and contact number of the person/s)

By my signature below, I confirm that I am submitting this report in good faith and the information provided above accurately reflects my recollection of the incidents related to my complaint.

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Signature                                                                                 Date

**NOTES:**

1. The Complainant should use English or one of the official languages of Macau to complete this Report Form in order to file his or her written complaint and deliver it to the Administrator of the University in person or by registered mail. All available evidence should be submitted as attachments.
2. The complaint should be made within 30 working days after the last incident of perceived discrimination, unless there are extraordinary circumstances that prevented the complainant from doing so. Such circumstances should also be specifically explained in the complaint.
3. An anonymous report is not considered as complaint.
4. The university will notify the alleged offender in writing that a complaint has been filed. The notification will also provide the details of the allegations that have been made against him or her.
5. The complainant should understand that it is a violation of the Policy to file a false complaint or provide false information. Such wrongdoings will also be subject to investigation and appropriate disciplinary actions.
6. The complaint will be passed on to the Rector or Vice Rector responsible after you submit this Reporting Form to the staff at the Administrator of the University. You may be contacted by the University any time after. FHRO - Human Resources Office - will deliver a preliminary decision to you within 15 working days (or in due course) after the complaint is received.