聖若瑟大學
UNIVERSITY OF SAINT JOSEPH

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).

_____

_____

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_____

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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.

_____ _____

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.