

Policy to prevent psychological or sexual harassment at work and to handle complaints

Appendix 1

COMPLAINT FORM		
INFORMATION ABOUT THE COMPLAINANT		
Name	First name	
Job/function :		
Service:		
Address:		
INFORMATION ABOUT THE MIS EN CAUSE		
Name :	First name :	
Job/function:		
Service :		
Name :	First name :	
Job/function:		
Service :		
Description of the Connection between the Complainant and the Mis en cause		
<input type="checkbox"/> Director general	<input type="checkbox"/> Immediate superior	<input type="checkbox"/> Colleague / Worker
<input type="checkbox"/> Subordinate / employee	<input type="checkbox"/> Citizen	<input type="checkbox"/> Supplier
<input type="checkbox"/> Member of the Council	<input type="checkbox"/> Other	
INFORMATION ON THE WITNESS (S)		
Name :	First name :	
Job/function :		
Service:		
Name :	First name:	
Job/function :		
Service:		
Name :	First name:	
Job / function :		
Service :		

