

NYARKOTHEY UNIVERSITY COLLEGE OF HOLISTIC MEDICINE
&
TECHNOLOGY (NUCHMT)



FORM FOR FILING A FORMAL COMPLAINT OF SEXUAL MISCONDUCT

(STRICTLY CONFIDENTIAL)

1. COMPLAINANT

Please mark [x] appropriately:

Senior Member Academic [] Senior Member Non-Academic [] Senior Staff [] Junior Staff []
Junior Member/Student [] External Person []

PERSONAL DETAILS

Table 1: (For INTERNAL Complainant Only)

NAME	
SEX/GENDER	Male [] Female []
AGE	
SCHOOL/DIRECTORATE/INSTITUTE/UNIT	
DEPARTMENT (If applicable)	
CONTACT ADDRESS	
E-MAIL ADDRESS	
PHONE NUMBER	

Table 2: (For EXTERNAL Complainant Only)

NAME	
SEX/GENDER	Male [] Female []
AGE	
CONTACT ADDRESS	
E-MAIL ADDRESS	
PHONE NUMBER	

2. PERSON(S) AGAINST WHOM THE COMPLAINT IS BEING FILED

Please tick [x] appropriately

Senior Member Academic [] Senior Member Non-Academic [] Senior Staff [] Junior Staff []
Junior Member/Student [] External Person []

Table 3.

FULL NAME	
SEX/GENDER	Male [] Female []
ADDRESS	

3. THE COMPLAINT

Please tick [x] appropriately

Table 4

Preliminary Questions	Responses
1. Is the defendant someone you know personally?	Yes [] No []
2. Do you have any relationship with the defendant?	Yes [] No []
3. If yes in (2) above, what is the nature of this relationship?	
4. Is this the first incident of its kind with this defendant? If yes, skip questions 5, 6 & 7 and go to 8	Yes [] No []
5. If this incident was not the first of its kind with this defendant, please provide date, time and location of the previous incident(s) with this person.	Date: Time: Location:
6. If no in (5) above, please provide a summary of what occurred in the previous incident.	Summary of previous incident:
7. Was the first incident reported? To whom? When? What action, if any, was taken?	Yes [] No []
8. Approximate date, time and location of the incident you are reporting today:	Date: Time: Location:

4. DETAILS OF THE COMPLAINT

Instructions: Please, provide details of circumstances leading to the incident you are reporting today, including place, time and date of the incident. Please, provide detailed description of how the incident happened. In addition, describe what, if anything, you did to try to prevent the incident. Indicate the initial people the incident was reported to and what they did about it (if anything). You are required to supply your full name, signature and date at the end of your complaint.

COMPLAINT OF SEXUAL MISCONDUCT AGAINST:

.....

(Name of Defendant)

Describe what happened in detail:

(Provide details of how, where and when the incident occurred, what you did after the incident occurred, and any extra information you would like us to have. You may provide as much information as you want).

Complaint filed by:

Signature:.....

Full name:.....

Date:

NB: The completed Complaint Form **must** be submitted in **confidence** either personally or via Registrar's email (collegeofholisticmedicine@gmail.com) to:

**THE REGISTRAR
NYARKOTEY UNIVERSITY COLLEGE OF HOLISTIC
MEDICINE AND TECHNOLOGY
BOX CS 8036
TEMA C7**