

## REGISTRATION FORM

We are here to help you

Send this sheet to any of the following addresses:

[harassment.cfm@ehu.eus](mailto:harassment.cfm@ehu.eus)

[mfz.iazarpena@ehu.eus](mailto:mfz.iazarpena@ehu.eus)

[acoso.cfm@ehu.eus](mailto:acoso.cfm@ehu.eus)

Speak directly to the confidential advisors: Gabriel Molina Terriza and/or Idoia Mugica Mendiola

### APPLICANT

<input type="checkbox"/>	Person concerned
<input type="checkbox"/>	Staff representative
<input type="checkbox"/>	People management
<input type="checkbox"/>	Others

### TYPE OF HARASSMENT

<input type="checkbox"/>	Sexual harassment
<input type="checkbox"/>	Harassment on the basis of sex
<input type="checkbox"/>	Harassment at work

### COMPLAINANT

Name and surname:				
NIF/VAT ID:	Sex:	Woman	Men	Non-binary
Job position:				
Workplace /department:				
Employment relationship:				
Contact telephone number:				

### VICTIM \*1

Name and surname:				
NIF/VAT ID:	Sex:	Woman	Men	Non-binary
Job position:				
Workplace /department:				
Employment relationship:				
Contact telephone number:				

<sup>1</sup> If victim and complainant are the same, please fill in name and surname only: COMPLAINANT

### REPORTED PERSON (it is not necessary to fill in all fields)

Name and surname:				
NIF/VAT ID:	Sex:	Woman	Men	Non-binary
Job position:				
Workplace /department:				
Employment relationship:				
Contact telephone number:				

**DESCRIPTION OF THE EVENTS OR FACTS.** List the key circumstances of the events that took place.