Materials Physics Center
Centro de Física de Materiales

REGISTRATION FORM

We are here to help you

Send this sheet to any of the following addresses:

harassment.cfm@ehu.eus

mfz.jazarpena@ehu.eus

acoso.cfm@ehu.eus

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

APPLICANT

	Person concerned
	Staff representative
	People management
	Others

TYPE OF HARASSMENT

	Sexual harassment
	Harassment on the basis of sex
	Harassment at work

COMPLAINANT

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

VICTIM *[1]

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

[1] If victim and complainant are the same, please fill in name and surname only: COMPLAINANT

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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 /departament:				
Employment relationship:				
Contact telephone number:				

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