

CASA COLLEGE



1961

SEXUAL HARASSMENT FORM

Fill in your details in **BLOCK CAPITALS** only.

STUDENT COMPLAINING FOR THE ASSAULT:

FILE No.: DATE:

FIRST NAME:

LAST NAME:

DATE OF BIRTH: MALE: FEMALE:

TELEPHONE No.: MOBILE PHONE No.:

EMAIL:

PASSPORT No.: EXPIRY DATE:

COURSE: HOTEL ADMINISTRATION BUSINESS ADMINISTRATION

COMPLAINT AGAINST WHO:

FIRST NAME:

LAST NAME:

DATE OF INCIDENT: MALE: FEMALE:

PLEASE DESCRIBE THE INCIDENT BRIEFLY:

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STUDENT SIGNATURE

.....
DATE

FOR OFFICIAL USE ONLY

RECEIVED BY THE DIRECTOR OF STUDENT AFFAIRS & WELFARE YES NO

.....
SIGNATURE

.....
DATE

COMMENTS:

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MEASURES TAKEN:

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DIRECTOR OF STUDENT AFFAIRS & WELFARE

.....
DATE