

# Psychological or sexual harassment or gender-based behavior reporting form

## INSTRUCTIONS

**What is the purpose of this form?**

The purpose of this form is to inform the psychological or sexual harassment referent by guaranteeing the protection of the person who reported the incident, to ensure appropriate care and to prevent recidivism.

**Who is concerned by this form?**

This document should be filled online and sent by e-mail to the psychological and sexual harassment referent. In the event of a serious incident, the referent can be reached by phone (01 40 51 21 51).

**In which situations?**

The aim of this form is to report any situation of discrimination or harassment. It can be used in collective and individual situations.

The person reporting the psychological or sexual harassment and considering himself/herself as a victim, or the witnesses to the harassment, should describe the facts.

**Is the report anonymous?**

The aim is to deal with difficult situations in a neutral way and to prevent their occurrence.

This can only be done by analyzing work situations, which must therefore be explicitly linked to a department and/or functions and individuals.

In order to be able to carry out all the necessary actions to handle the alert, anonymity may be removed in some very limited cases (e.g.: parties involved in an administrative investigation or prevention actors likely to be involved in the file, as the HRD, prevention doctor, prevention advisor, social worker).

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However, if the reporter asks to remain anonymous, it will be respected and an analysis will be done with the referent to define the actions that can be implemented in order to respecting its anonymity.

The transmission procedures of the alerts and the potential recipients of the reporting form's information are protected by professional confidentiality and/or the duty of confidentiality.

Personal data contained in a report form are not recorded in an administrative file or in a medical file.

The harassment referent guarantees the highest level of confidentiality.

Author of the report

**Full name:** .....

**Email:** .....

**Phone:** .....

**By making this report, I would like to remain anonymous:**

**Date of the report:** .../.../...

<b>Names, titles and positions of the persons concerned and of the witnesses</b>	
<b>Full names of the persons concerned (if different from the reporter)</b>	<b>Administrative status*</b>
<b>Full names of witnesses</b>	<b>Administrative status*</b>
	*Student, doctoral student, post-doctoral student, permanent employee, non-permanent employee, agent of a service provider

**Description of the situation or event leading to a report**

Precise chronology of the facts and circumstances without interpretation or personal judgment:

**Have similar situations been occurred before the events described above?**

**YES**

**NO**

If yes, indicate the date(s) or period(s):

<b>Work interruption' consequences, accident report, filing a complaint</b>	<b>Description of actions already taken by students or agents and/or the managers and the measures already decided</b>

Done in, , on

Signature



