**DISCRIMINATION COMPLAINT FORM**

You do not have to use this form to file a complaint with the Office of the Ombudsman for Anti-discrimination and Equality at Istanbul Medipol University. You may send the Office a letter or e-mail instead of this form, but the letter or e-mail must include the information in items of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed.

I understand that the University may investigate and take reasonable action in response to the information I provide on this form. I also understand that this may limit the University's ability to respond to my complaint.

|  |  |
| --- | --- |
| 1. **Your Personal Information (your personal information will remain strictly confidential)** | |
| Full Name |  |
| Student Number |  |
| Department/Faculty |  |
| E- mail |  |
| Phone |  |
| 1. **Person who is accused of discrimination: Please include as much information as possible. If information is unknown, please leave blank.** | |
| Full Name |  |
| LCC Status |  |
| Department/Faculty |  |
| E- mail |  |
| Phone |  |

|  |
| --- |
| **Nature of the complaint: describe specific act(s) alleged with name(s), date(s), time(s), location(s) if possible. \*** |
|  |

*\*Please summarise and specify the nature of your complaint. This summary will enable us to understand the most important elements from your point of view.*

|  |
| --- |
| 1. **Were there any witnesses present for the alleged behaviour? If YES, list name(s) and contact information.** |
|  |

|  |
| --- |
| 1. **How would you like to see this situation resolved?** |
|  |

|  |
| --- |
| 1. **Date & Signature** |
|  |