**The Education UNIVERSITY OF HONG KONG**

**Equal Opportunities Policy**

**Complaint Form**

Notes:

1. The information and personal data provided in this Complaint Form and in the course of the inquiry/investigation of the complaint is collected, and will be used and maintained, by The Education University of Hong Kong (the "University") only for purposes related to or connected with the administration and implementation of the Equal Opportunities Policy (“the Policy”), including the inquiry/investigation of the complaint.
2. The information and personal data provided may, as the University considers it appropriate and to the extent necessary, be transferred to parties who will be involved in the investigation of the complaint (including but not limited to the Respondent(s), Equal Opportunities and Disability Access Officer, and Equal Opportunities Complaint Committee) and on a need-to-know basis (e.g. the Senior Management and colleagues from the Human Resources Office). The information and personal data provided may also be disclosed where required by law or court order, or as requested by any government or law enforcement authority or agency.
3. The provision of information in this Complaint Form and in the inquiry/investigation is voluntary. However, the provision of incomplete information may affect the processing and outcome of the complaint.
4. You have the right to request access to and/or correction of your personal data provided in accordance with the Personal Data (Privacy) Ordinance. Such requests should be directed to the Equal Opportunities and Disability Access Officer at eodao@eduhk.hk.
5. For details regarding the handling and processing of the complaint, please refer to the Policy.

**PART I: Particulars of the Complainant**

I would like to lodge a complaint and provide the following information in respect of the relevant incident(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name : (\*Prof/Dr/Mr/Mrs/Ms/Miss) |  | (English) |  | (Chinese) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff Number: |  | Post: |  | Department / Office: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Number: |  | Programme: |  | Year: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Phone No: |  | E-mail Address: |  |

**PART II: Particulars of Respondent(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name : (\*Prof/Dr/Mr/Mrs/Ms/Miss) |  | (English) |  | (Chinese) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff Number: |  | Post: |  | Department / Office: |  |

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| Student Number: |  | Programme: |  | Year: |  |

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| --- | --- | --- | --- |
| Contact Phone No: |  | E-mail Address: |  |

**PART III: The Complaint**

1. Your allegation(s). (Please include the concerned person(s), date, time, location, the incident(s) and any hardship that you may have suffered as a result of the incident(s).) Information will be provided to the Respondent(s)for comments / response.

|  |
| --- |
| *(If the space below is insufficient, please use additional sheet(s) of paper)* |

1. Document(s) in support of your complaint

|  |  |
| --- | --- |
| * Yes (Please attach copies of the document(s))
 | * No
 |

1. Witness(es) to the incident(s) available

|  |  |
| --- | --- |
| * Yes (Please provide particulars of Witness(es))
 | * No
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name : (\*Prof/Dr/Mr/Mrs/Ms/Miss) |  | (English) |  | (Chinese) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff Number: |  | Post: |  | Department / Office: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Number: |  | Programme: |  | Year: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Phone No: |  | E-mail Address: |  |

1. Please state below the person(s) within the University you have met with to discuss your complaint:

|  |
| --- |
|  |

**PART IV: Declaration**

(i) I have read, understood and agreed to the contents of the Notes on page 1 of this Complaint Form.

(ii) The information provided by me in this Complaint Form is true to the best of my knowledge and belief.

(iii) I authorise the University to obtain information from the Respondent(s) and any other person as the University may consider necessary or appropriate to facilitate the inquiry / investigation into this complaint.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of the Complainant |  | Date  |

\* Please delete as appropriate

HR Form OTH1 (Jul 2018)