

NFRDI SEXUAL HARASSMENT COMPLAINT FORM

Scan QR code to file for a sexual harassment or copy paste on your browser: bit.ly/NFRDICODI



The National Fisheries Research and Development Institute is one with the nation in promoting a safe environment where respect is of great importance. We commit to take action to anything that will disrupt safe working environment and client satisfaction.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form in hard copy or thru bit.ly/NFRDICODI or thru QR code found at the bottom of this form. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, your witness or confidante should complete this form, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

COMPLAINANT INFORMATION

For visitors, please put N/A on items where it does not apply to you. If you are reporting as a witness, please provide the name of the victim.

Name of the victim: _____

Job Title: _____

Contact number: _____ Email address: _____

Select preferred communication method:

- email phone in person

Relationship to the victim

- I am the victim I am the witness / confidante

COMPLAINT INFORMATION (Please give details of your complaint)

Name of accused: _____

Relationship of the victim to the accused (if any): _____

Dates of the incident: _____

Time of the incident: _____

Location of the incident: _____

Describe the incident: _____

Describe how this has affected you and your work. (If this complaint form is being filled by the witness, describe your perception of how it has affected the victim):

Is the sexual harassment continuing?

Yes

No

Please list the name and contact information of any witness or individuals who may have information related to this complaint

The last question is optional, but may help the investigation. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

I certify that all information provided above is true and correct to the best of my knowledge.

Signature over printed name of filer

Submit this form in an enclosed envelope to
CODI NFRDI 101 Corporate Building, Mo. Ignacia Ave., South Triangle, Quezon City

NFRDI SEXUAL HARASSMENT COMPLAINT FORM

I-scan ang QR code para maghain
ng sexual harassment o kopyahin
ito sa iyong browser:
bit.ly/NFRDICODI



Ang National Fisheries Research and Development Institute ay nakikiisa sa pagtataguyod ng isang ligtas na kapaligiran kungsaan ang paggalang ay napakahalaga. Nangangako kaming aaksyon sa anumang bagay na makakagambala sa ligtas na kapaligiran sa opisina at sa kasiyahan ng kliyente.

Kung ikaw ay naniniwala na sumailalim ka sa sexual harassment, ikay ay hinihikayat na kumpletuhin ang form na ito o sa pamamagitan ng pagsagot sa bit.ly/NFRDICODI o gamit ang QR code na makikita sa ibaba ng form na ito. Hindi ka gagantihan sa paghahain ng reklamo.

Kung ikaw ay mas komportable na mag-ulat sa pamamaraang pasalita o anumang paraan, dapat kumpletuhin ng iyong testigo o pinagkakatiwalaan ang form na ito, bigyan ka ng kopya at sundin ang patakaran nito sa pag-iwas sa sexual harassment sa pamamagitan ng pagsisiyasat reklamo na nakabalangkas sa dulo ng form na ito.

IMPORMASYON UKOL SA NAGREREKLAMO

Para sa mga bisita, mangyaring maglagay ng N/A sa mga tala kungsaan hindi ito naaangkop sa iyo. Kung ikaw ay nag-uulat bilang saksi, mangyaring ibigay ang pangalan ng biktima.

Name of the victim: _____

Job Title: _____

Contact number: _____ Email address: _____

Select preferred communication method:

- email phone in person

Relationship to the victim

- I am the victim I am the witness / confidante

IMPORMASYON UKOL SA REKLAMO (Pakibigay ang detalye ng iyong reklamo)

Name of accused: _____

Relationship of the victim to the accused (if any): _____

Dates of the incident: _____

Time of the incident: _____

Location of the incident: _____

Describe the incident: _____

Ilarawan kung paano ito nakaapekto sa iyo at sa iyong trabaho. (Kung ang form ng reklamo na ito ay pinupunan ng saksi, ilarawan ang iyong pananaw kung paano ito nakaapekto sa biktima):

Nagpapatuloy ba ang sexual harassment?

Yes

No

Pakilista ang pangalan at contact information ng sinumang saksi o indibidwal na maaaring makapagbigay ng impormasyong may kaugnayan sa reklamong ito

Opsyonal ang huling tanong, ngunit maaaring makatulong sa pagsisiyasat. May naunang reklamo o nakapagbigay ka na ba ng impormasyon dati (pasalita o nakasulat) hingil sa kaugnay na insidente? Kung oo, kailan at kanino ka nagreklamo o nagbigay ng impormasyon?

Ako ay nagpapatunay na lahat ng impormasyong aking ibinigay sa itaas ay totoo at tama sa abot ng aking kaalaman.

Signature over printed name of filer

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