



UNIVERSITY OF DUHOK  
CENTER FOR PEACE & CONFLICT RESOLUTION STUDIES  
**CODE OF CONDUCT COMPLAINT FORM**

**COMPLAINANT INFORMATION**

IF COMPLAINT IS ANONYMOUS, NOTE HERE:

Full Name:

Sex:

Age:

Phone Number:

Email Address:

Occupation:

Home Address:

*If UOD Staff, complete below:*

UOD Job Title:

Office Location:

Starting Date of UOD Employment:

Ending Date of Current Contract:

**SUBJECT OF ALLEGATION(S) INFORMATION**

Full Name:

Sex:

Age:

Phone Number:

Email Address:

Occupation:

Home Address:

*If UOD Staff, complete below:*

UOD Job Title:

Office Location:

Starting Date of UOD Employment:

Ending Date of Current Contract:

**INCIDENT DESCRIPTION**

**Directions:** Please describe in as much detail as possible the incident(s), consider the below noted points. Attach any supporting documents, such as emails, handwritten notes, photographs, etc. when submitting the complaint form.

- The names of the parties involved
- Any witness to the incident(s)
- The location, date, time of the incident(s)
- Details about the incident(s) (behaviors/actions/words used)
  - Were minors and/or vulnerable adults involved?
  - Is anyone linked to this incident under threat of harm or danger?
- Any additional details that would help with an investigation

**DECLARATION**

I hereby declare that the details outlined above are true and correct to the best of my knowledge and belief and I undertake to inform UOD of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature:

Date: