بسم الله الرحمن الرحيم

Islamic University of Maldives – IUM
Violet Magu, Henveiru, Male' City , 20037
332-2718 | 3316870
info@ium.edu.mv

ISLAMIC UNIVERSITY OF MALDIVES

Sexual Abuse and Harassment Complaint Form

Important Information
1· When filing a complaint, make sure to include all the known information about the accused, so that it is easier for the investigation to be carried out 2· If the complaint is not from a staff nor a student at this university, kindly attach a copy of ID card or Passport 3· If you want to submit the complaint through email, kindly send this form and supporting documents to jfghcommittee@ium·edu·mv

Section 1: Applicant / complainant information

Full Name:	ID Card / Passport Number:
Permanent Address:	Mobile:
Current Address:	Are you a Staff or Student:
If you are a Staff, name of the Kulliyah or Centre you are working:	
If you are a Staff, name of the job position:	
If you are a Student, name of the Kulliyah or Centre you are studying:	
If you are a Student, name of the course:	
For individuals below 18 years old	
Full name of the parent:	Relationship with the applicant:
Permanent Address:	ID Card / Passport Number:
Current Address:	Mobile:

Section 2: Information about the Defendant (please fill in as much as you know)

Full Name:	ID Card / Passport Number:
Permanent Address:	Mobile:
Current Address:	Is the defendant, a Staff or Student:

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If the defendant is a Staff, name of the Kulliyah or Centre you are working:
If the defendant is a Staff, name of the job position:
If the defendant is a Student, name of the Kulliyah or Centre you are studying:
If the defendant is a Student, name of the course:

Section 3: Summary of the complaint (if you want to add more, kindly add as attachments)

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Section 4: Evidence/witness (if you want to add more, kindly add as attachments)

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Section 5: Additional Information (if you want to add more, kindly add as attachments)

The place (or places) where the incident took place:

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The date (or dates) when the incident took place:

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Signature of the applicant / complainant:

Date:

For Office Use Only	
Complaint Received Date/Time:	Complaint Registered Date:
Complaint Number:	Completed Date: