

## Documentation of a complaint/ report according to § 13 AGG (disadvantage, discrimination, harassment)

Receipt of the complaint/ report on: .....

By: .....

written       personally       by telephone

Notifying person:                      Name: .....

Activity: .....

Faculty: .....

Supervisor: .....

### Determination of the facts and subject of the complaint/ notification

#### 1. What happened from the reporting person's point of view?

#### 2. From whom did the disadvantage/ discrimination/ harassment originate?

Supervisor       Other employed       Student       Third person

#### 3. Which feature is affected (if applicable)?

- Disability
- Ethnic origin/ racial ascription
- Gender
- Age
- Religion/ belief
- Sexual identity

**4. When and where did the incident take place? Were there multiple incidents?**

.....

**5. Are there any witnesses, evidence or records?**

Yes       No

If yes, which? .....

**6. Has the supervisor been informed?**

Yes       No

If yes, when and what did they do?

**7. Have other agencies already been involved (e.g. staff council, equal opportunity officer, disability representative, trainee representative) and what have they done?**

**8. Obtain statement from the accused person**

written       verbal      When requested? .....

If verbal, what occurred from the accused person's perspective?

**9. What reasons for the above described action does the accused person put forward?**

**10. Has the accused person already been approached by the reporting person or third parties about the incident?**

Yes       No

If so, with what result?

**11. Has the accused person already involved other people?**

Yes       No

If yes, whom?

.....

**12. Does the accused person have knowledge of the AGG?**

Yes       No

**13. Has the accused person participated in an AGG training?**

Yes       No

If so, when and to what extent?

.....

Examination of the facts

**There is a disadvantage or discrimination.**

Yes       No

Examination of the facts was carried out by: .....

Justification if different treatment was allowed:

**Further procedure/ proceeding:**

Notification of the result of the test to the notifying person

- Reporting person       written       verbal at: .....
- Accused person       written       verbal at: .....

Signature notifying person: .....

Signature accused person: .....

Signature complaints office: .....

Measures and control

1. Recommended measures:

2. Measures initiated:

3. Control:

When planned? .....

By whom? .....

Control takes place (result) .....

Reasons for not taking concrete action as a result of the complaint/ notification: