

UDE AD-RL complaint form

Place, date

Name of the complainant:

Date of birth:

Address: _____

Status at UDE:

I have already discussed the matter with the following contacts for prior consultation:

(name, role or title, phone number, email)

1. _____

2. _____

3. _____

Please check the facts of the case and additional measures that could be initiated.

I agree to take part in an additional consultation to discuss the next steps and possible actions.

- Yes
- No

I. People involved:

Please list all individuals involved:

complainant, respondent, witnesses, trusted person, consultation service contacts in this order

and provide complete personal and contact details wherever possible as follows:

name, address, phone number, email, affiliation with UDE, relation to complaint

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Release from duty of confidentiality

_____ Place, date

Name: _____

Date of birth: _____

Address: _____

Status at UDE: _____

Complaints proceeding (reference no.): _____

I hereby fully release

- the following people involved (description of function in this proceeding, e.g. trusted person; state the name, description of function and email for each individual)

1. _____

2. _____

3. _____

4. _____

5. _____

- all people involved
(list of people to be provided by the chair of the AD Complaints Committee)

from their duty of confidentiality in the context of complaints proceeding _____

_____ (reference no.).

Place, date, signature: _____

Retraction of release from duty of confidentiality

Place, date

Name: _____

Date of birth: _____

Address: _____

Status at UDE: _____

Complaints proceeding (reference no.): _____

I, _____ (name), hereby retract my previous consent dated
_____ (date) in which I released people involved in complaints
proceeding _____ (reference no.) from their duty of confidentiality,
with immediate effect.

Place, date, signature: _____