**The Education University of hong kong**

**Staff Grievance Procedures**

**Complaint Form**

This Complaint Form is used for filing a formal complaint in accordance with the Staff Grievance Procedures (the “Procedures”) for staff members of The Education University of Hong Kong (the "University"). Before filing a formal complaint, please discuss with your immediate supervisor, other levels of supervisor and/or Head of Department/Office (“HoD”) as the first attempt to resolve your grievance informally. For grievances involving different departments, HoD, Vice President or President, please refer to paragraphs 14-16 of the Procedures for the filing of grievances. For details regarding the handling and processing of the complaint, please refer to the Procedures.

Personal Information Collection Statement (“PICS”)

1. The information and personal data provided in this Complaint Form and in the course of the inquiry/investigation of the complaint is collected, and will be used and maintained, by the University only for purposes related to or connected with the administration and implementation of the Procedures, including inquiry/investigation of the complaint.
2. The information and personal data provided may, as the University considers it appropriate and to the extent necessary, be transferred to parties who will be involved in the investigation of the complaint (including but not limited to the Respondent(s), your immediate supervisor, the Head of Department, the Faculty Dean, the Vice President, the President and the Grievance Committee) and on a need-to-know basis (e.g. colleagues from the Human Resources Office). The information and personal data provided may also be disclosed when required by law or court order, or as requested by any government or law enforcement authority or agency.
3. The provision of information in this Complaint Form and in the inquiry/investigation is voluntary. However, the provision of incomplete information may affect the processing and outcome of the complaint.
4. You have the right to request access to and/or correction of your personal data provided in accordance with the Personal Data (Privacy) Ordinance. Such requests should be directed to the Human Resources Office.

**PART IA: Particulars of the Complainant**

I would like to lodge a complaint and provide the following information in respect of the relevant incident(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name : (\*Prof/Dr/Mr/Mrs/Ms/Miss) |  | (English) |  | (Chinese) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff Number: |  | Post: |  | Department / Office: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Phone No: |  | E-mail Address: |  |

**PART IB: Particulars of Group Complaint**

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| --- | --- | --- | --- | --- |
| Name : (\*Prof/Dr/Mr/Mrs/Ms/Miss) |  | (English) |  | (Chinese) |

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| Staff Number: |  | Post: |  | Department / Office: |  |

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| Contact Phone No: |  | E-mail Address: |  |

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| --- | --- | --- | --- | --- |
| Name : (\*Prof/Dr/Mr/Mrs/Ms/Miss) |  | (English) |  | (Chinese) |

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| Staff Number: |  | Post: |  | Department / Office: |  |

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| Contact Phone No: |  | E-mail Address: |  |

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| --- | --- | --- | --- | --- |
| Name : (\*Prof/Dr/Mr/Mrs/Ms/Miss) |  | (English) |  | (Chinese) |

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| Staff Number: |  | Post: |  | Department / Office: |  |

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| Contact Phone No: |  | E-mail Address: |  |

***Group Representative***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name : (\*Prof/Dr/Mr/Mrs/Ms/Miss) |  | (English) |  | (Chinese) |

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| Staff Number: |  | Post: |  | Department / Office: |  |

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| Contact Phone No: |  | E-mail Address: |  |

**PART II: Particulars of Respondent(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name : (\*Prof/Dr/Mr/Mrs/Ms/Miss) |  | (English) |  | (Chinese) |

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| --- | --- | --- | --- | --- | --- |
| Staff Number: |  | Post: |  | Department / Office: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Phone No: |  | E-mail Address: |  |

**PART III: The Complaint**

1. Your allegation(s). (Please include the concerned person(s), date, time, location, the incident(s) and any hardship that you may have suffered as a result of the incident(s).) Information will be provided to the Respondent(s) for comments/response.

|  |
| --- |
| *(If the space below is insufficient, please use additional sheet(s) of paper)* |

1. Document(s) in support of your complaint

|  |  |
| --- | --- |
| * Yes (Please attach copies of the document(s)) | * No |

1. Witness(es) to the incident(s) available

|  |  |
| --- | --- |
| * Yes (Please provide particulars of Witness(es)) | * No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name : (\*Prof/Dr/Mr/Mrs/Ms/Miss) |  | (English) |  | (Chinese) |

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| --- | --- | --- | --- | --- | --- |
| Staff Number: |  | Post: |  | Department / Office: |  |

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| Contact Phone No: |  | E-mail Address: |  |

1. Please state below the person(s) within the University you have met with to discuss your complaint:

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**PART IV: Declaration**

(i) I have read, understood and agreed to the contents of the PIPS on page 1 of this Complaint Form.

(ii) The information provided by me in this Complaint Form is true to the best of my knowledge and belief.

(iii) I authorise the University to obtain information from the Respondent(s) and any other person as the University may consider necessary or appropriate to facilitate the inquiry/investigation into this complaint.

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| Signature of the Complainant |  | Date |

\* Please delete as appropriate

HR Form OTH2 (June 2019)