Complaint No: (*This section will be filled out by the Harassment Protection Officers)*

Applcation Date: / /20

Name Surname:

Anonymous Status:

Keep My Name Confidential ( ) No Need to Keep the Name Confıdential ( )

Registration Number:

Unit: (Please write it down clearly)

Phone:

E-mail:

Subject of Harassment:

Content of Harassment:

The Person / People Considered to be Consulted:

How Long The Complaint Has Been Ongoing:

*This section will be filled out by the Harassment Protection Officers*.

**EVALUATION RESULT:**

Evaluation Date: …/…/201…

Suitable for Transfer to Disciplinary Board: ( ) Not Suitable for Transfer to Disciplinary Board: ( )

Explanation: