**SWP REPORT FORM**

This **Safe Workplace Policy Report Form** (**SWPRF**) must be sent to the Ethics Committee, which will initiate an investigation in the event that the reported facts credibly relate to the potential commission of bullying, sexual harassment, victimisation and other harmful act relating to CAP International or its members, partners or contractors. The Ethics Committee guarantees the confidentiality of the report and the identity of the complainant, in accordance with the provisions of CAP International Safe Workplace Policy.

**REPORT**

Date of SWPRF transmission to the Ethics Committee:

Date of SWPRF receipt by the Ethics Committee:

*(To be filled by the Ethics Committee)*

SWPRF n°…………………………………………. *(To be filled by the Ethics Committee)*

**COMPLAINANT**

NAME…………………………………………………………... FIRST NAME …………………………………………………………………………

ADRESS ………………………………………………………………………………………………………………………………………………………...

EMAIL ADRESS ……………………………………………………………………………………………………………………………………………...

PHONE NUMBER …………………………………………………………………………………………………………………………………………..

Are you part of CAP International ? Yes No

Paid Staff Pro Bono Staff

POSITION ……………………………………………………………………………………………………………………………..

If no, do you belong to one of the categories listed below?

Part of a member organisation Donor Partner Contractor Other

Please describe your relation to CAP International : ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**ALLEGED ACT IN BREACH OF THE SAFE WORKPLACE POLICY REPORTED**

Acts in breach of the Safe Workplace Policy are the following: Discrimination, bullying, sexual harassment but also victimisation and gossiping.

*Please note that discriminatory acts are covered by a specific Anti-Discrimination Policy and mechanisms, available on CAP International’s website.*

**I acknowledge that I have read and accept the above definition of SWP Breach.**

**YES NO**

DATE / PERIOD OF OCCURRENCE ………………………………………………………………………………………………………………….

DESCRIPTION OF THE OBSERVED FACTS ………………………………………………………………………………………………………

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**I hereby commit myself to the veracity of the facts reported and ask the Ethics Committee to carry out an investigation.**

DATE ……………….…………………………………

SIGNATURE :