# **Registration form**

**Registration: Victimisation of employee at University West**

The forms must be sent to: Registrar University West Gustava Melins street 2, 461 86 Trollhättan.

You can also leave the registration form directly to: HR manager, lawyer and coordinator equal terms (HR).

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| Applicant |  |
| Address |  |
| Postal code, city |  |
| Phone number for daytime |  |
| Phone number for night time |  |
| E-mail address |  |

Who and what is reported?

|  |  |
| --- | --- |
| Reported, name |  |
| Position/study |  |
| Address |  |
| Postal code, city |  |
| Phone number for day time |  |
| E-mail address |  |

What has happened ? Give a short description.

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How do you associate it with victimization? In the case of discrimination, sexual harassment or other harassment related to the discrimination grounds, please refer to another registration form at [www.hv.se/equal-terms](http://www.hv.se/likavillkor).

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