# FECEN

FUNDACION EDUCATIVA CERREJON
**COLEGIO ALBANIA**
NIT 800.100.796-5

**FORM # 1**
**FOR FILING COMPLAINTS / SUGGESTIONS /PETITIONS RELATED TO ALLEGED HARASSMENT AT THE WORKPLACE**
**LAW 1010 OF 2006**
**WORK COMMUNITY COMMITTEE COLEGIO ALBANIA – FECEN**

| | |
|---|---|
| **NAME:** (Anonymous complaints are not accepted) | **IDENTIFICATION NUMBER**: (C.C /C.E) |
| **EMAIL:** | **TELEPHONE NUMBER:** |
| **DEPARTMENT:** | **POSITION:** |
| **DATE OF FILING:** | **DD: ____ MM: _____ YY:_____** |

**COMPLAINT____ SUGGESTION____ PETITION**

All complaints will be handled confidentially and will be processed and followed up as appropriate in terms of the applicable legal provisions, thus, the information must be provided truthfully and objectively.

**DESCRIPTION OF THE FACTS OF THE COMPLAINT:**

Should include all the elements that identify the circumstances of the subject (who or whom), time (when), manner (how) and place (where), in accordance with articles 2 and 7 of Act 1010 of 2006, for alleged workplace harassment behavior, persistent and demonstrable.

(The Committee may subsequently request further expanding of the information provided)

**DO YOU HAVE ANY EVIDENCE?** (Which one (s)?( If possible, attach documentary evidence)

**PETITIONS / SUGGESTIONS**

_____
_____
_____

_____

**SIGNATURE**
**ID #**