

SUBJECT: Request/Report to the Student, Resident, and PhD Student Ombudsperson

Section 1 - Personal Data of Students/Residents/PhD Students

Last Name	First Name
Matricola (Student ID Number)	Year of Enrollment
Degree Course/Residency School/PhD Program	Year of Study
Email Address	Location of the degree course (if off-campus)
Mobile Phone	<i>Other</i>

Section 1.1 – Preferred method of contact for any hearing before the Ombudsperson

<input type="checkbox"/> Willing to be summoned and heard <u>in person</u>	<input type="checkbox"/> Willing to be summoned and heard <u>remotely</u> (via Teams)
Any specific needs:	

Section 2 – Subject of the Report/Request

<input type="checkbox"/> Administrative
<input type="checkbox"/> Right to Education
<input type="checkbox"/> Educational
<input type="checkbox"/> Other

Section 2.1 – Specific Type of Report

<input type="checkbox"/> Reports of abuse of any kind	<input type="checkbox"/> Legal violations
<input type="checkbox"/> Malfunctions, deficiencies, delays	<input type="checkbox"/> Violations of principles of good administration
<input type="checkbox"/> Acts or behaviors, including omissions or aimed solely at creating an intimidating, hostile, degrading, humiliating or offensive environment	<input type="checkbox"/> Other (specify):

Section 2.3 – Potentially Responsible Parties

<input type="checkbox"/> Acts or behaviors that may imply responsibility of teaching staff	<input type="checkbox"/> Acts or behaviors that may imply responsibility of other university personnel
<input type="checkbox"/> Acts or behaviors that may imply responsibility of university students	<input type="checkbox"/> Other (specify):

Section 3 – Persons and Offices Already Contacted and Responses Received (Indicate any name/office contact/committee, etc.)

Persons and Offices already contacted	Date of Contact and Modality	Response Received and Date
SECRETARIAT		
STUDENT REPRESENTATIVE _____		
DEGREE COURSE COORDINATOR		
ERSU		
PROFESSOR _____		
PROFESSOR _____		
SERVICE _____		
COMMITTEE _____		
BOARD _____		
OTHER _____		
Attach any documentation proving contact and response received. Specify what is attached:		

If the relevant offices or persons (Secretariat, Student Representatives, Degree Course Coordinator, etc.) have not yet been contacted, please indicate the reason, obstacles, or other relevant events leading the applicant to directly contact the Ombudsperson.

IMPORTANT NOTE FOR COMPLETION

In the section below, provide a concise yet accurate and detailed description of the facts, acts, or behaviors leading to the contact with the Student, Resident, and PhD Student Ombudsperson.

This must include:

1. A narrative with the specific facts necessary to assess the case a) Specific date of occurrence b) Any other dates relevant to reconstruct the facts
2. A list of any documents attached concerning the case.
3. Names of any witnesses
4. Other elements useful for the investigation
5. Any regulation or act indicating that the incident infringes upon a right <i>(attach any supporting relevant regulation, law, article, or other documentation concerning the case)</i>
6. The right sought to be protected and reasons supporting it <i>(attach any supporting documentation if available)</i>

The information provided, to ensure proper and timely investigation, must be:

- Accurate
- Detailed

NARRATIVE OF THE EVENT

By signing this document, I authorize the processing of my personal data pursuant to the privacy policy, available at <https://www.unime.it/it/ateneo/privacy> under the "informative" section.

_____, on _____

Full and legible signature
