

ANONYMOUS REPORT OF DISCRIMINATION

Form for students

Anonymous reports are documented and included in the statistics but will not be investigated further.

Duty of truthfulness: Please note that your report is true to the best of your knowledge at the time of submission, based on the information available to you.

All information is voluntary. The more details you provide, the better they can be analysed for statistical purposes.

Personal information:

Gender:

I am:

- ☐ Victim of an incident (or repeated incidents)
- ☐ Witness to an incident (or repeated incidents)

I am studying:

- ☐ Human medicine
- ☐ Dentistry
- ☐ Molecular medicine

I am in a PhD program:

- ☐ Yes
- ☐ Yes, Clinical PhD
- ☐ No

I am in this semester:

Discrimination based on (multiple answers possible):

- | | |
|---|--|
| ☐ Gender | ☐ Religion and / or worldview |
| ☐ Sexual harassment | ☐ Use of discriminatory language |
| ☐ Sexism | ☐ Discriminatory content in lectures |
| ☐ Pregnancy | ☐ Age |
| ☐ Caregiving for children or relatives/
Parenting | ☐ Homophobia (sexual orientation,
gender identity) |
| ☐ Ethnicity / Racism | ☐ Other reason:
<input type="text"/> |

Information about the person responsible for the discrimination:

Name:

Gender:

Your relationship to this person:

- | | |
|--|---|
| ☐ Fellow student | ☐ Lecturer |
| ☐ Several other students | ☐ Tutor |
| ☐ Internship Supervisor | ☐ Other: <input type="text"/> |



Form for Employees - Anonymous Reporting of Discrimination
The analysis is conducted by the Working Group on Equal Treatment (AKGI)

www.i-med.ac.at/de/ak_gleichbehandlung



The person responsible for the discrimination is employed by:

- ☐ Tirol Kliniken
- ☐ MUI
- ☐ I don't know

Please describe the incident(s) in as much detail as possible:

People involved, other affected individuals, other witnesses:

Where / when did the incident(s) take place (multiple answers allowed):

- | | |
|---|---|
| ☐ Lecture | ☐ KPJ (Clinical Practical Year) |
| ☐ Seminar | ☐ Famulatur |
| ☐ Internship | ☐ During an event as part of my training |
| ☐ Patient education | ☐ At a conference / symposium |
| ☐ E-learning | ☐ At an ÖH event |
| ☐ During an exam | ☐ At the cafeteria / dining hall |
| ☐ On campus | ☐ In my private life / during my free time |
| ☐ Other: <div></div> | |

When (date) did the incident(s) occur:

Detailed description of the incident: (who was involved, what was it about, what actions were taken by you and by the other party, what was done on-site to resolve the situation, ...): If necessary, please use an additional sheet of paper.

If you would still like a personal consultation, please contact the AKGI:

Phone: +43 512 9003 70016 (Secretariat)

Email: ak-med@i-med.ac.at

Address: Schöpfstraße 45, 1st Floor, 6020 Innsbruck



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