

NAME _____ AGE _____ GENDER _____

The following are questions on your own perception of sexual harassment and familiarity with UPOU procedures pertaining to it. Please answer the questions to the best of your knowledge. This will help the Gender Concerns Program plan relevant activities and services. Thank you.

1. What is your own understanding of sexual harassment? _____

2. Do you know of any sexual harassment incident at UPOU?

No (Go to Q5)

Yes

3. Who were involved in the sexual harassment?

UPOU employee harassing another UPOU employee

UPOU employee harassing a student

UPOU student harassing a UPOU employee

UPOU student harassing another UPOU student

Others, please specify _____

4. Was a formal complaint on the sexual harassment referred to in Q2 and Q3 made?

No

Yes

Don't know

5. If you were sexually harassed in your workplace, would you know how to go about reporting it or making a formal/informal complaint?

No

Yes. Please describe briefly _____

Don't know

6. Any comment relevant to sexual harassment at UPOU? _____
