



འབྲུག་རྒྱལ་ཁབ་ཤེས་ཚན་རྒྱུ་ཁུངས་

Office of the Vice Chancellor
Post Box: 708
Motithang, Thimphu: Bhutan



COMPLAINT AND INCIDENT REPORTING FORM

Rationale

This initiative for good governance is an effort to strive towards our commitment to uphold the University's core values of fairness, accountability, responsibility and professionalism. Persons filing complaint or incident reports are requested to provide authentic complaints with specific details and to avoid providing misleading or false information.

Contact information

Name of person filing report: (You may file anonymously, but RUB may not be able to follow up on your complaint).	Date
Status of person filing report:	Phone/Mobile Number/Email:
<input type="checkbox"/> student <input type="checkbox"/> faculty <input type="checkbox"/> employee <input type="checkbox"/> visitor <input type="checkbox"/> other (describe)	Phone/Mobile: Email:
Address:	

Type of report (Check/complete all that apply):

<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> INCIDENT
The complaint is against:	Date of incident: _____
<input type="checkbox"/> the college <input type="checkbox"/> student <input type="checkbox"/> employee <input type="checkbox"/> visitor <input type="checkbox"/> other (describe)	Incident took place:
	<input type="checkbox"/> on campus <input type="checkbox"/> off campus (describe)

