

# MISTREATMENT FORM

## Caribbean Medical University

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**This form is to be completed and submitted to the Grievance Committee by e-mail.**

### Information

Please Print:

*First Name*

*Middle Name*

*Surname*

*Department of Concern*

*Location*

### Description of Mistreatment

Please describe the incident(s) with as much factual detail as possible. Please include information about the nature of the concern (e.g., physical assault, verbal assault, threats, written slurs, threatening communications, etc.), and please be as specific as possible. If you would prefer to share details of the concern in person, please provide the nature of the concern and select the option below to be contacted

### Involved Parties

*Please Include Name(s) and Position(s)*

Witnesses, if any

### Mistreatment Type (check all that apply)

Belittling or Humiliation

Discrimination on the basis of race, gender, sexual orientation, gender identity religion, ethnic background, age, or physical ability

Disregard for the safety of others

Insults or verbal attacks

Sexual harassment

Taking credit for another individual's work

Threatening to assign a lower grade or to write a poor evaluation as a means of intimidation

Threats of physical harm or physical attacks

Other:

### Mistreatment Concern Targets:

Age

Disability

Race/ethnicity

Gender

Gender identity/expression

Marital status

National origin

Parental status

Political affiliation

Religion

Sexual orientation

Socioeconomic status

Veteran status

Other:

## Other Information considered to be relevant

*This may include a desired outcome of this report, whether this concern has occurred before or whether this occurrence was reported elsewhere.*

Are you willing to be contacted for more information regarding this report?

Yes

No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ***FOR OFFICE USE ONLY***

Date Recieved: \_\_\_\_\_

Recieved By: \_\_\_\_\_

*REV. 06/2023*