

**ARDHI UNIVERSITY**

**DIVERSITY MANAGEMENT DIRECTORATE**

**ONLINE Sextortion/Sexual Harassment/Gender Based Violence Reporting Form**

**GBV Incidence Reporting for Someone Else**

**I am reporting for myself**

**E GBV REPORT**

**A. YOUR DETAILS**

**Description of the reporting person**

**Your name\***

.....

**Gender\***

.....

**Mobile number\***

.....

**E-mail\***

.....

**Physical location \***

.....

**B. DETAILS OF THE VICTIM**

**Description of the victim**

**Name of Victim \***

.....

**Gender\***

Male

Female

**Age\***

0-17

18-25

26-35

36-45

46-60

60+

**School/ Unit /Directorate\***

(Mention all the schools, units and directorate to choose)

**Victim's residential address at time of GBV incident:\***

.....

**C. DATE & TIME OF THE ABUSE/ASSAULT/OFFENCE**

**Please provide as much information as you can accurately remember.**

**If you cannot recall or answer a question, go to the next question:**

**When did this abuse/assault/offence occur?\*** (Tick One)\*

During the day:

At night:

Not clear/Unknown:

**Did the abuse, assault or offence occur within 72 hours (3 days)?\***

Yes

No

**Provide details of the perpetrator or offender (if known).**

**Name**

.....

**Gender**

Male

Female

**Age**

.....

Your answer

**Contact information**

.....

**Location**

.....

Your answer

**Relationship with the victim**

.....

Your answer

**D. DETAILS OF THE ABUSE/ASSAULT/OFFENCE**

**Please indicate the type of Abuse/offence (Indicate a tick box.**

**You can**

**Select multiple types)**

**Emotional\***

Insulting,

Intimidation,

Verbal assault,

Degrading language

Not Applicable

**Physical\***

Beating  
Punching,  
Pulling hair,  
Slapping,  
Restraining, Chocking,  
Kicking,  
Not Applicable

**Sexual\***

Unwanted jokes,  
Foul language,  
Obscene gestures,  
Display of sexually graphic materials  
Sexual based insults,  
Taunts, teasing and/or name-calling,  
Unwelcome physical contact  
Rape  
Sodomy  
Displaying to (a person) of pornographic and sexually suggestive pictures  
Causing sexual annoyance  
Not Applicable

**Provide a brief description of the abuse/offence\***

.....  
.....  
.....

Your answer

**Have you reported the incidence to any other agency\***

Yes  
No

**E. FOLLOW-UP**

**Does the victim need an emergency service\***

Yes  
No

**Can police/gender focal person/Directorate of Students' Services/ departmental head contact you if required?\***

Yes  
No

**Please indicate any special instructions (example call after hours, email contact only, SMS only)\***

.....

Your answer

**Would you like to make an appointment for the physical meeting with the Gender Desk coordinator\***

Yes

No

**Would you like to make an appointment for the physical meeting with the Gender Desk coordinator\***

Yes

No

#### **Confidentiality Statement**

**The University believes in maintaining the trust and confidentiality of its customers. As such, it will treat the information provided through the online system confidentially Access to information will only be provided to those mandated to handle GBV cases at the University.**

**Please send the filled form to [dmd@aru.ac.tz](mailto:dmd@aru.ac.tz)**