



↳ DISCRIMINATION/HARASSMENT REPORTING FORM

Have you experienced or witnessed discrimination, harassment, assaultive behavior or abuse of power, e.g., because of national origin, religion, gender, skin color, gender identity, pregnancy, physical or mental disability, medical condition, genetic information, ancestry, marital status, age, sexual orientation, citizenship or similar?

You can use this form to report unacceptable conduct (in the case of sexual misconduct in accordance with point 5c of the MPG guidelines). As an employee, student, applicant or other person working at the MPI-BI, please contact one of the following persons with your concerns:

- The Gender Equality Officer of the Institute
- The Central Gender Equality Officer
- Your direct supervisor or other persons with management and support tasks
- The works council or general works council
- The representative body for severely disabled employees
- The Internal Investigations unit



The current contact details of the persons named can be found at:

<https://www.bi.mpg.de/reporting-form>

We would like to point out that a duty of confidentiality only applies to the Gender Equality Officers, while persons with management and supervisory duties in particular may be obliged to follow up on the information and take measures to investigate, prosecute and prevent (Section 12 AGG and 5c MPG Guideline), even without your consent.

In the case of sexual misconduct, the following applies: A formal complaints procedure in accordance with 5d of the MPG Guideline only comes into effect if you submit a written complaint in accordance with the requirements of 5d of the MPG Guideline after initial consultation with one of the contact persons. The submission of this form is expressly not considered a written complaint in accordance with 5d of the MPG Guideline.

See also: [General Equal Treatment Act \(AGG\)](#) and [MPG Directive on Protection against Sexualized Discrimination, Harassment and Violence](#)

All information is optional, please only fill in what you want to specify

We encourage you to include your name with your report. However, if you wish to report **anonymously**, you can either use an anonymous email provider (such as [ProtonMail](#) or [SecureMyEmail](#)) or send this form in a sealed envelope marked "Confidential" to the following address:

Max Planck Institute for Biological Intelligence, Gender Equality Office, Am Klopferspitz 18, 82152 Planegg, Martinsried or
Max Planck Institute for Biological Intelligence, Gender Equality Office, Eberhard-Gwinner-Strasse, 82319 Seewiesen



PERSONAL DETAILS

Name:

Date:

Affiliation: Employee TVöD Student Postdoc Applicant Other applicants

DETAILS OF THE NOTE

Discrimination/harassment due to (please check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> National origin |
| <input type="checkbox"/> Retaliatory measures | <input type="checkbox"/> Gender | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Sexual harassment | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Gender expression | <input type="checkbox"/> Skin color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Nationality | <input type="checkbox"/> Marital status |
| <input type="checkbox"/> Other: | | |

Date (data) of the last event:

Person(s) responsible for the alleged act(s):

Name(s):

Department(s):

Place:

Relationship to you (supervisor, colleague, other):

State your report clearly and describe the incident of alleged discrimination/harassment separately. For each incident, please provide the following: 1) name of the person(s) who discriminated/harassed, 2) what happened, 3) where it happened, 4) names of witnesses (if any), and 5) why you believe the discrimination/harassment occurred (attach additional pages if needed).

What would you consider to be a successful outcome/solution for your report?

Would you like to be contacted personally by the person you submitted this form to?
If yes, please enter the contact details where you would like to be contacted:

Signature (optional)