



APPENDIX 1. NORMALIZED MODEL FOR REQUESTING INTERVENTION DUE TO PSYCHOLOGICAL ABUSE IN THE WORKPLACE (REGISTER 1)

Form to request intervention on grounds of psychological abuse in the workplace

Identification of the applicant

| | |
|-----------------------------------|--|
| Given name(s) and family name(s): | |
| NIF/NIE/passport: | |
| Phone number: | |
| Email address: | |

HEREBY ALLEGE:

That I am:

- Person affected
- Witness
- Direct superior of the person affected

That as [...] I am acting as I am aware:

- A prevention officer
- A representative of a UPF body
- Other(s) (state which:.....)

by/of a perceived act of misconduct (in the opinion of the applicant) as:

- Psychological or moral harassment
- Discriminatory harassment
- Cyberbullying

Consisting of (description of the misconduct):

Affecting (identification of the affected person if not the applicant):

| | |
|-----------------------------------|---|
| Given name(s) and family name(s): | |
| Unit to which they are attached: | |
| Organization[al body]: | <input type="checkbox"/> PAS <input type="checkbox"/> PDI |

I REQUEST:

The start of proceedings to act against psychological abuse in the workplace.

[Place], [Date]

[Signature of the applicant]

[Given name(s) and family name(s) of the applicant]



Attached documents

No Yes Specify:
▪

THE HEAD OF THE OFFICE FOR THE PREVENTION OF OCCUPATIONAL
HAZARDS AND HEALTH PROMOTION

APPLICATION REGISTRATION CODE (to be completed by the OPRLiPS):