

**Complaint of Sexual Violence or Misconduct Recording Form**

**Part A**

To be completed by the alleged victim/survivor '*complainant*' with the support of the Director of Operations or if unavailable, the Manager of Student Services & Operations

**Date Form Completed:** \_\_\_\_\_

**Date/Time of Alleged Incident:** \_\_\_\_\_

**Name of Complainant:** \_\_\_\_\_

**Identity of Complainant:**

**Current  
Student** \_\_\_\_\_

**Patient of Public Clinic  
(including Inreach/Outreach)** \_\_\_\_\_

**Other (please specify):** \_\_\_\_\_

**Name of Alleged  
Perpetrator(s):** \_\_\_\_\_

**Identity of Alleged Perpetrator(s):**

**Current  
Student** \_\_\_\_\_

**Current  
Faculty/Administrator/Staff** \_\_\_\_\_

**Other (please specify):** \_\_\_\_\_

**Record of Support Offered to the Complainant by the College** (please make note of whether the complainant will be filing a report with the police):

**Summary of Incident – to be completed by the Complainant** (please provide as much detail as possible including but not limited to: where and when the incident took place, any relevant history with the alleged perpetrator(s), etc.)

**Name(s) of any Witnesses:** \_\_\_\_\_

\_\_\_\_\_  
**Complainants Signature**

\_\_\_\_\_  
**Date**