

Report of Sexual Violence or Misconduct Recording Form

To be completed by the individual who wishes to report an alleged incident of sexual misconduct, with support by the Director of Operations or if unavailable the Manager of Student Services & Operations

Date Form Completed: _____

Date/Time of Alleged Incident: _____

Name of Individual Making the Report: _____

Identity of Individual Making the Report:

Current
Student _____

Current
Faculty/Administrator/Staff _____

Other (please specify): _____

Name of Victim/Survivor of Alleged Incident: _____

Identity of Victim/Survivor of Alleged Incident:

Current
Student _____

Patient of Public Clinic
(including Inreach/Outreach) _____

Other (please specify): _____

Name of Alleged Perpetrator(s): _____

Identity of Alleged Perpetrator:

Current
Student _____

Current
Faculty/Administrator/Staff _____

Other (please specify): _____

Summary of Incident – to be completed by the Individual making the Report (please provide as much detail as possible including but not limited to: where and when the incident took place, any concrete examples to assist the College in understanding the nature and severity of the alleged misconduct).

Name(s) of any other

Witnesses: _____

Signature of Individual making the Report

Date

Director of Operations

Date