



COMPLAINT OF SEXUAL VIOLENCE AND MISCONDUCT RECORDING FORM - PART A

Instructions: To be completed by the alleged victim/survivor '*complainant*' with the support of the appropriate Senior Administrator of the College

Name of Complainant (victim/survivor):	<input type="checkbox"/> Current Student <input type="checkbox"/> Other _____ <input type="checkbox"/> Current Faculty/Admin/Staff/Patient
Date and Time of Alleged Incident:	Date Form Completed:
Name of Respondent (alleged perpetrator):	<input type="checkbox"/> Current Student <input type="checkbox"/> Other _____ <input type="checkbox"/> Current Faculty/Admin/Staff/Patient
Record of Support/Accommodations Offered to the Complainant by the College (acknowledgment and details):	
Summary of Incident – to be completed by the Complainant (provide as much detail as possible; use separate sheet as required)	
Name(s) of any Witnesses:	
Signature of Complainant:	Date:
Administrative Use Only	
Name and Signature of Senior Administrator who received this form:	Date Received: