

Sexual Violence Complaint Form - Student

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I understand the following:		
\square I have the right to be accompanied by a person of my choosing throughout this process.		
\square I may put an end to this process at any time UNLESS there is a risk of harm to others or myself.		
☐ There may be limits to confidentiality, as outlined in Article 12 of Dawson's Policy on Sexual Violence.		
☐ A copy of page 2 of this form will be provided to the Respondent, as per Section 2.5 of Dawson's Procedure for Responding to Disclosures, Reports and Complaints of Sexual Violence for Students.		
Please fill in any information you may have. It is not required to be processed.	o provide everything below in order for the complaint	
INDIVIDUALS INVOLVED		
1. COMPLAINANT (Individual who has expen	rienced sexual violence)	
NAME:	DATE OF BIRTH:	
ADDRESS:	TEL:	
STUDENT ID:	PROGRAM:	
EMAIL:		
RESPONDENT (Individual being accused of sexual violence) (If there are more respondents, please add to section as needed)		
NAME:	DATE OF BIRTH:	
ADDRESS:	TEL:	
STUDENT/EMPLOYEE ID (if applicable):	PROGRAM/DEPARTMENT (if applicable):	
EMAIL:	1	



NAME:	DATE OF BIRTH:
ADDRESS	
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STUDENT/EMPLOYEE ID (if applicable):	PROGRAM/DEPARTMENT (if applicable):
EMAIL:	
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STUDENT/EMPLOYEE ID (if applicable):	PROGRAM/DEPARTMENT (if applicable):
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EMAIL:	



INCIDENT INFORMATION

DATE OF INCIDENT(S):		
In the space below, please describe, in your own words, the event(s) that have led you to file this complaint. Please be as specific as possible regarding dates, times and places. You may include any supporting material (i.e.: screenshots, emails, photos, etc.) via email to dss@dawsoncollege.qc.ca		
Signature of Complainant:		
Date:		

The information on this form is collected as per Dawson College's *Procedures for Responding to Student Disclosures, Reports and Complaints of Sexual Violence* and is part of the investigative process outlined in the procedures. If you have any questions about the collection and use of this information, contact the Student Primary Contact Person for incidents of sexual violence at svrt@dawsoncollege.gc.ca.