

SEXUAL VIOLENCE COMPLAINT FORM - STUDENT

I UNDERSTAND THE FOLLOWING:

- I have been informed of my right to be accompanied by a person of my choosing throughout this process.
- 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.

INDIVIDUALS INVOLVED

1. COMPLAINANT (Individual who has experienced sexual violence)

NAME:	DATE OF BIRTH:
ADDRESS:	TEL:
STUDENT ID:	DAWSON PROGRAM:
EMAIL:	

2. RESPONDENT (Individual being accused of sexual violence)

Please fill in any information you may have. **It is not required to provide everything** below for the complaint to be processed.

NAME:	DATE OF BIRTH:
ADDRESS:	TEL:
STUDENT/EMPLOYEE ID (if applicable):	PROGRAM/DEPARTMENT (if applicable):
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 supportive material (i.e.: screenshots, emails, photos, etc.) and send 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.qc.ca.**