



**DIVERSITY & INCLUSION Policies and Procedures**

<b>39.03</b>	<b>NSCC Sexual Violence Report Form</b>	<b>FORM</b>
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**1.0 PURPOSE**

The purpose of this form is to report Sexual Violence occurring between members of the College community. A report may be made by any member of the College community. The process to make a Report is outlined in the Sexual Violence Procedures. When a student is reporting, please forward this form to your Manager of Student Services. When an employee or non-student is reporting, please forward this form to your manager. Reports may also be sent directly to the Director of Diversity & Inclusion as outlined in the Sexual Violence Procedures.

This form is not used to document disclosures of sexual violence made to a counsellor which are held in confidence with limited exceptions.

NSCC recognizes that confidentiality is important to those who report Sexual Violence. NSCC will take reasonable precautions to maintain confidentiality, within the limitations described in the Sexual Violence Policy. Where possible, any questions or concerns about confidentiality should be posed to a College representative prior to making a Report. Confidentiality does not mean anonymity. The College’s ability to respond may be limited where a Report is filed anonymously.

*Data, excluding any personal or identifying information, regarding patterns and trends in Reports under this policy may be aggregated, analyzed and shared within the College for the purpose of maintaining a safe working and learning environment.*

**1. Complainant’s Information (the person making this Report):**

Complainant’s Name: \_\_\_\_\_

Complainant’s Affiliation to NSCC (student, employee, other- please specify): \_\_\_\_\_

Complainant’s NSCC ID # (if applicable): \_\_\_\_\_

Complainant’s Campus (if applicable): \_\_\_\_\_

Complainant’s Telephone Number: \_\_\_\_\_

Complainant’s Email: \_\_\_\_\_

**2. Victim/Survivor’s Information (if different from Complainant)**

Victim/Survivor’s Name: \_\_\_\_\_

Victim/Survivor’s Affiliation to NSCC (student, employee, other- please specify): \_\_\_\_\_

<b>Executive Policy Sponsor:</b> VP, Organizational Development	<b>Policy Steward:</b> Director, Diversity & Inclusion	<b>Approved:</b> Executive Council May 8, 2018	<b>Effective Date:</b> MAY 2018	<b>Next Review:</b> MAY 2019
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Victim/Survivor's NSCC ID # (if applicable): \_\_\_\_\_

Victim/Survivor's Campus (if applicable): \_\_\_\_\_

Victim/Survivor's Telephone Number: \_\_\_\_\_

Victim/Survivor's Email: \_\_\_\_\_

**3. Respondent's Information (the person(s) alleged to have perpetrated Sexual Violence)**

Respondent's Name (if known): \_\_\_\_\_

Respondent's Affiliation to NSCC (student, employee, other- please specify): \_\_\_\_\_

**4. Description of What Happened**

Date(s) of Occurrence(s) and Time of Day: \_\_\_\_\_

Location(s) where Sexual Violence occurred (please be specific)

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Description of What Happened (nature of conduct, context or circumstances such as campus event, off-campus event, who else was present, etc.):

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Attach additional pages if more space is needed.

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Has this matter been reported to the police?

- N/A       No       Yes  
 If yes, please list the Report #: \_\_\_\_\_

Has this matter been reported to another College Employee?

- N/A       No       Yes  
 If yes, please indicate whom: \_\_\_\_\_

Details:

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**5. Action Taken and by Whom**

Please describe any actions taken to address/resolve this matter:

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Complainant's Signature: \_\_\_\_\_

**6. Signature of Staff Receiving Form**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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