UNIVERSITÉ BISHOP'S UNIVERSITY

COMPLAINT FORM

Policy on the Prevention of Harassment
Policy for the prevention of sexual violence

The Complaint Form will be forwarded to the General Counsel

COMPLAINANT Last name, First name:
Please choose one of the following options: ☐ Student ☐ Employee ☐ Faculty ☐ Manager ☐ Other (*to specify*)
RESPONDENT Last name, First name:
Please choose one of the following options: ☐ Student ☐ Employee ☐ Faculty ☐ Manager ☐ Other (*to specify*)
LOCATION:
DATE:
NATURE OF THE COMPLAINT
I believe that I am victim of: ☐ Psychological Harassement ☐ Sexual Harassement – Sexual Violence ☐ Physical Violence/Assault
DESCRIPTION OF EVENTS (*use a separate page if more space is needed*):

I hereby certify that the above information is, to the best of my knowledge, true and accurate.

_____ _____

Signature *Date*

Please note that this information will be provided to the Respondent(s)
THIS DOCUMENT IS CONFIDENTIAL