

Incident Details continued

When did this incident take place?

Date: _____

Where did this incident take place?

Please list the name(s) of any witnesses or individuals who may have information related to your complaint:

Have you previously made a complaint related to this incident?

- Yes Date: _____ To whom? _____
- No

Do you fear for your safety? Why?

Do you need accommodations for your studies? If yes, what do you require?

- I declare that the information on this form and the facts giving rise to my complaint are true and to the best of my knowledge.
- I understand that submitting an official complaint will prompt an investigation by the College but that this is not considered a criminal investigation.
- I understand that I can choose to end the complaint process and/or investigation at any time:

Signature of Complainant

Date

Received by:			
First Name:		Last Name:	
Title:		Department:	
Signature:		Date:	