

## CONFIDENTIAL - Sexual Violence Incident Report

When a member of the Durham College community becomes aware of an incident of sexual violence, the Sexual Violence Policy and Procedures are to be implemented. It is imperative that the confidentiality of the survivor be respected and that the survivor be the person to determine whether or not a formal complaint will be initiated. If the survivor is safe from additional harm and there is no immediate threat to others, a report will be filed with the Diversity Office. The survivor can choose to remain anonymous in the report. The report will be used to develop an annual report of the number of incidents related to Durham College community members. Reports will contain cumulative data with no identifying information about any survivor.

\*\* In the event that the safety of the survivor or of others on campus is at risk, the incident must be reported to the Office of Campus Safety 905-721-2000 X 2400.

Report made by <i>(if survivor is making the report, this section may be left blank)</i>			
Date of incident (s)			
Location of incident (s)			
Name of Alleged Perpetrator <i>(if survivor is willing to disclose)</i>			
Description of Alleged Perpetrator			
Report made to <i>(must be completed)</i>			
Report date		Report time	
Confirmation that information and referral (to on campus or external services) has been provided to survivor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Confirmation that safety planning has been completed with survivor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Survivor referred to support to:</b>	<b>(see checklist below)</b>		
Health Centre	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Access and Support Centre (ASC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Diversity Office	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Office of Campus Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Aspiria / Shepell.fpi (circle applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Outreach Centre	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
External Agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sexual Violence website	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Follow up (if yes, indicate dates and provider below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	