

## Sexual Violence Reporting

***If you, or someone you know, has experienced sexual violence: Your experience is real, it's not your fault and you are not alone. There is a community here to believe you, trust you, and support you. Whatever you choose to do is your decision.***

### *Why would I fill out this form?*

*To report an act of sexual violence and to obtain help in receiving any services you may need, including interim measures and accommodations of an academic and non-academic nature. Information gathered on this form, including that which is provided in anonymous reports, will be used to help enhance understanding of our campus so that we may strengthen sexual violence response, enhance safety and prevention efforts, as well as for statistical purpose.*

### *Will I be obligated to report the incident to the Police?*

*Disclosures to the College are separate from any criminal or civil proceedings. Filling this report will not undermine your rights to file a police report or seek other recourse under law should you wish to.*

### *What if I wish to remain anonymous?*

*If this form is filled out anonymously (without your name) your identity will always remain anonymous and you will not be contacted.*

### *What happens with this information?*

*All information is maintained in the strictest of confidence and will only be disclosed with the consent of the victim to the appropriate College bodies in order to provide services and support to the victim and/or, should the victim wish to do so, to file a formal complaint with the College. As stated above, the information provided in the report will be used to help the College improve its response to sexual violence, enhance safety and prevention efforts, as well as for statistical purpose.*

***Some question may make you uncomfortable so take care of yourself. If you don't feel comfortable completing this form by yourself, you can ask someone you trust or the SPVC to assist you.***



## SEXUAL VIOLENCE DISCLOSURE FORM

*The fields on this form are not mandatory. However, please be aware that if you do not provide a method for us to contact you, the College's ability to respond and/or take further action may be limited*

Filing Date (MM/DD/YYYY)

### Reporter's Information (Please check)

Do you wish to report an incident anonymously?

- Yes
- No

- You are the victim-survivor of sexual violence.
- You are reporting sexual violence but you are NOT the victim-survivor.

Name of person(s) filing the report:

Are you a minor? (*question only applicable to the victim-survivor*)

- Yes
- No

Do you plan to file a formal complaint against the offender(s)? (*question only applicable to the victim-survivor*)

- Yes
- No
- Unsure

How would you like to be contacted? (*Please note that unless you provide a contact method, we cannot follow up*)

- Phone
- Email
- Mio
- Other:

Is there a preferred time that you can be reached? (*please specify if necessary*)

- Morning
- Afternoon
- Evenings

Can a phone message be left?

- Yes
- No

Your relationship to the College

- Student
- Staff
- Other:



### **Incident Information**

Date and time of Incident: (MM/DD/ YYYY, time)

Name(s) of the offender(s) (*if known and if willing to disclose*):

### **Incident Description**

Briefly describe what happened below

Is there any other information you would like to provide?

**Nature of Sexual Violence** (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Sexual Assault    | <input type="checkbox"/> Sexual Exploitation                         |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Promoting sexualized violence               |
| <input type="checkbox"/> Stalking          | <input type="checkbox"/> The attempt to commit any of the above acts |
| <input type="checkbox"/> Indecent Exposure | <input type="checkbox"/> The threat to commit any of the above acts  |
| <input type="checkbox"/> Voyeurism         | <input type="checkbox"/> Other:                                      |
| <input type="checkbox"/> Cyber Harassment  | <input type="checkbox"/> Chose not to disclose                       |
- Any of the acts listed above that is done through electronic devices or other means
- I don't know (*We recognize that it may be difficult to label an experience of sexual violence. You are not required to label your experience in order to file a report.*)

Offender relations to victim/survivor:

- |   |                      |                |
|---|----------------------|----------------|
| Current intimate partner                  | Acquaintance         | Faculty member |
| Ex-partner                                | Manager/employer     | Staff member   |
| College classmate,<br>ω-worker, colleague | Stage/placement      | Stranger       |
| Friend                                    | Supervisor/colleague | Other:         |
|   | Visitor to campus    |                |

Gender of the offender(s)\*

- |           |                       |
|-----------|-----------------------|
| Male(s)   | Transgender           |
| Female(s) | Gender non-conforming |
| Unknown   | Other:                |

Offender's relationship to the College

- Student
- Staff
- Stage placement employee
- Unknown

Location of incident. (*Please check all that apply*)

- |  |   |
|--|---|
| On Champlain College/Bishops University Campus | In Bishops University Residence                                 |
| Off campus at a college sanctioned activity    | In a classroom  |
| Off campus during a stage placement            | At the sports complex (including locker rooms and change rooms) |
| Off campus and unrelated to the college        | In a vehicle parked on campus                                   |
| In the Offender's room                         | Outdoors  |
| In the Victim/Survivor's room                  | Other:  |
| In Champlain College Residence                 |   |

Was the victim/survivor given alcohol and/or drugs without consent or knowledge? Please note that your response does not affect the disclosure or the formal complaint. This does not invalidate your disclosure or report.

- Yes, alcohol
- Yes, drugs
- No
- Unknown

Are there witnesses or bystanders to the incident?

- Yes
- No
- Unknown

Names/contact information for witnesses known:

### Follow-up: TO BE COMPLETED BY THE SEXUAL VIOLENCE COORDINATOR

What services, accommodation/interim measure are needed by the victim-survivor (*Please provide any relevant details*)?

Are there concerns regarding the safety of the victim or other members of the College Community (*Please provide any relevant details*)?

Recommended interim safety measures

Services or resources that may be given as resources to the victim/survivor (Check all that apply)

- |                               |  |
|-------------------------------|--|
| Campus Security               | SEXed  |
| On-campus Counseling Services | Human Resources (faculty/staff only)                   |
| Dean of Student               | Religious and Spiritual Life Counsellor (Jesse Dymond) |
| Champlain Listeners           | Sexual Violence Coordinator/Residence Life Advisor     |
| Campus Health Clinic          | Union representative                                   |

- Police Department/Authority
- Hospital (*Note only CHUS Fleurimont offers forensic data gathering*)
- CALACS Agression Estrie (819 563-9999 or 1 877 563-0793) – for women only
- SHASE Estrie (819 933-3555) – for men only
- Iris Estrie (819 823-6704) - for LGBTQIA2S+
- CAVAC de l’Estrie (819 820-2822) – for all victims of criminal acts
- Lennoxville and District Women’s Center (819 564-6626) – For women only

If other, specify: