

I UNDERSTAND THE FOLLOWING:

I have been informed of my right to be accompanied by a person of my choosing throughout this process.

I may put an end to this process at any time UNLESS there is a risk of harm to others or myself.

There may be limits to confidentiality, as outlined in Article 12 of Dawson's Policy on Sexual Violence.

A copy of page 2 of this form will be provided to the Respondent, as per Section 2.5 of Dawson's Procedure for Responding to Disclosures, Reports and Complaints of Sexual Violence for Students.

1. COMPLAINANT (Individual who has experienced sexual violence)

NAME:	DATE OF BIRTH:
ADDRESS:	TEL:
STUDENT ID:	DAWSON PROGRAM:
EMAIL:	

2. RESPONDENT (Individual being accused of sexual violence)

Please fill in any information you may have.
be processed.

below for the complaint to

