This form is for the formal submission of a report of sexual violence or misconduct under the [Sexual Violence and Misconduct Policy](http://policies.royalroads.ca/policies/sexual-violence-misconduct-policy).

The personal information collected on this form is collected under the authority of the *University Act* and is subject to the *Freedom of Information and Protection of Privacy Act*. The information collected will be used to initiate an investigation or as supporting evidence in a current investigation under the Sexual Violence and Misconduct Policy. The information will be treated confidentially and will only be shared as necessary with those directly involved in the investigation or those who have a legitimate need to know. For more information regarding the collection and use of personal information please contact Royal Roads University’s Privacy Officer at 250-391-2600 ext. 4178.

When completing this form, please be as fact-based as possible, and provide as much detail as possible (including full names of individuals involved). Please submit the completed form in hard-copy to John Stewart, Associate Director, Student Engagement, located in the Library, or via scanned PDF to [John.2Stewart@royalroads.ca](mailto:John.2Stewart@royalroads.ca?subject=SVM%20Report). Once your report is submitted, you can expect to hear from the Associate Director, Student Engagement within two business days.

If you have any questions or concerns, require assistance completing this form, or if you would like to submit a written statement instead of the formal complaint form, please contact John Stewart at [John.2Stewart@royalroads.ca](mailto:John.2Stewart@royalroads.ca?subject=SVM%20Report).

**Your Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Student ID: | Click here to enter text. |
| Email: | Click here to enter text. | Phone: | Click here to enter text. |
| Prefer contact by: | Phone  Email | Program: | Click here to enter text. |
| Is it ok to leave a message or voicemail? Yes  No | | | |

**Incident Details**

|  |  |
| --- | --- |
| Who is the complaint against? | Click here to enter text. |
| Date(s) of the incident(s): | Click here to enter text. |
| Time(s) of the incident(s): | Click here to enter text. |
| Exact location of the incident(s): | Click here to enter text. |
| Has this incident been reported elsewhere? | Campus Security  Police/RCMP |

**Description of the incident(s).** Please provide a detailed description of the incident(s), including as much relevant detail as possible. Questions to keep in mind include who, what, when, where, and how.

|  |
| --- |
| Click here to enter text. This section will expand if necessary. |

**Additional information.** Please provide any additional information related to this incident, such as contextual information and what resolution you hope will result from this report.

|  |
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| Click here to enter text. This section will expand if necessary. |

By submitting this form I affirm that the information provided is complete and accurate to the best of my knowledge and that Royal Roads University may use this information to initiate an investigation under the Sexual Violence and Misconduct Policy. I understand that no adverse action will be taken against me for filing a legitimate complaint and that I may withdraw my complaint at any time before a decision is made by contacting the Associate Director, Student Engagement in writing.

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| Name: | Click here to enter text. | Date: Click here to enter text. |