

Sexual Violence, Harassment and Discrimination Intake Form

Red River College is committed to ending sexual violence, harassment and discrimination, and to creating a safe and inclusive working, learning and living environment for everyone.

If you have experienced any of the above, it is not your fault. You are not alone and there are many, supports, resources and people available to help.

Any information collected on this form is under the confidentiality of the Resource and Resolution Advisor and may be used for statistical purposes. In that case, all personal and/or identifying information will be removed prior to reporting.

Date (dd/mm/yy):	Student/Staff number:
Name:	
Date of birth:	
Mailing address:	
Phone number:	Can a message be left at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:	

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Another gender identity (may include Indigenous Two-Spirit, Transgender, Non-Binary, etc.)
Affiliation:	<input type="checkbox"/> Student	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff <input type="checkbox"/> Other:

If you are a student, please indicate program and year of study:
Does this matter concern yourself or another person?
Contact information for affected person:
Date action(s) took place:
Have any authorities been contacted? If so, what agency?
Location of action(s):

Details of actions:
If more room is required, continue onto back of page.

Red River College

Notre Dame Campus

2055 Notre Dame Ave., Winnipeg, MB R3H 0J9
P: 204.632.2327 | F: 204.697.0584

Exchange District Campus

160 Princess St., Winnipeg, MB R3B 1K9
P: 204.632.2327 | F: 204.949.9105

Regional Campuses

For Regional Campus contact info,
please visit rrc.ca/campuses

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Details of actions (continued):

Details of the respondent (if known)

Name:

Contact information:

Affiliation: Student Faculty Staff Other:

*By signing this document you are confirming that the above information is true and correct to the best of your knowledge.
You are also agreeing to have this information used for statistical purposes as indicated above.*

Signature

Date (dd/mm/yy)

For office use only:

NOTES	FOLLOW-UP

Please check any/all boxes that apply to the incident(s) detailed above:

Sexual Violence Discrimination Harassment Incident involves a minor

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