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.

<table>
<thead>
<tr>
<th>Date (dd/mm/yy):</th>
<th>Student/Staff number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td></td>
</tr>
<tr>
<td>Mailing address:</td>
<td></td>
</tr>
<tr>
<td>Phone number:</td>
<td>Can a message be left at this number? □ Yes □ No</td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
</tbody>
</table>

Gender: □ Male □ Female □ Another gender identity (may include Indigenous Two-Spirit, Transgender, Non-Binary, etc.)
Affiliation: □ Student □ Faculty □ Staff □ 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.
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:

<table>
<thead>
<tr>
<th>NOTES</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ Sexual Violence   ☐ Discrimination   ☐ Harassment   ☐ Incident involves a minor