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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.

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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

