

THIS REPORTING TOOL IS FOR NON-EMERGENCY INCIDENTS ONLY.

If this is an EMERGENCY situation, please CALL **911**.

Any member of the Alberta University of the Arts (AUArts) community who has experienced or witnessed gender-based or sexual violence can choose to use this form to formally report the incident to AUArts. A report initiates a formal process under AUArts' Gender-Based and Sexual Violence Policy.

A formal report is not required to access support. If you are unsure about how you would like to proceed, you are encouraged to contact one of the following offices to seek support, or guidance to make an informed decision:

- A. Registrar's Office, 403-284-6239, registrar@auarts.ca
- B. Human Resources, 403-284-7639, hr@auarts.ca
- C. Counsellor, 403-284-7666, counselling@auarts.ca
- D. Security Office, 403-680-1451, security@auarts.ca

Electronic submission of the Form: The Security Office will receive, review, and refer matters involving students to the Registrar's Office and matters involving employees or contractors to Human Resources.

Paper/Hard copy submission of the Form: A printed copy of the completed form may be provided, in a sealed envelope, to the office of the Registrar, Human Resources, Student Counsellor, or Security.

The respective office will contact you directly to confirm the information on this form and next steps. Once complete, this form is considered confidential. All information you add to the form is optional.

1. Information about the individual making the report (i.e., Complaint, Witness):

Your Full Name: _____

I am a (check all that apply): [drop down list to be created]

- | | | |
|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Staff | <input type="checkbox"/> Faculty |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Alumni | |
| <input type="checkbox"/> Other (please specify): _____ | | |

2. Please provide the contact information for your preferred method of contact (phone, email or both). *Please note, if you do not provide a contact method, we cannot follow up.*

Phone: _____

Email: _____

If phone number provided, can a message be left? Yes No

3. **Incident Date and Time:**

4. **Incident Location:**

5. **Information about the individual alleged to have breached the Gender-Based and Sexual Violence Policy (i.e., Respondent)**

Is the respondent a current member of AUArts? (i.e. student, staff or faculty)

Please choose one:

Yes No I don't know

If known, what is the Respondent's role at AUArts (check all that apply)?

- Student Staff Faculty
 Volunteer Alumni
 Other (please specify): _____

6. Please share any information you are comfortable writing about regarding the incident.

7. Is there any other information you would like to provide?

The personal information provided in this form is collected under the authority of the Alberta Freedom of Information and Protection of Privacy Act (FOIP Act) – Section 33(c). This information will be used to process and respond to the information in this form. Questions regarding the collection, use, disclosure or retention of this personal information can be directed to the FOIP Coordinator at FOIP@auarts.ca or 403-830-5896.