

McGill's Policy against Sexual Violence REPORTING FORM

This Reporting Form is a starting point for a process through McGill's [Policy against Sexual Violence](#) ("the Policy") and its accompanying [Procedures](#). After completing this Form, please send it to McGill's Office for Mediation and Reporting (OMR). The OMR email address is omr@mcgill.ca.

Within 7 days, the OMR will contact you to acknowledge receipt of this report and will conduct an initial review to determine whether the report falls within the Policy's scope and jurisdiction.

- I understand that, if this matter proceeds to an investigation, a copy of this Form will be provided to the Respondent, as per section 22 of the [Procedures for the Investigation of Reports of Sexual Violence](#).
- I have been informed of my right to be accompanied by an Advisor (i.e., a member of the University Community who has agreed to act in an advisory capacity without remuneration).

Reporting Party signature: _____ **Date:** _____
(If this is an anonymous report, then do not sign this Form)

I. Parties to the Report

A. Reporting Party

- This is a first-party report** (i.e., I am the Survivor who has experienced sexual violence. Please see section 7(I) of the [Policy](#) for the definition of Survivor).
- This is a third-party report** (i.e., a report made by someone other than the Survivor). Please complete *Section A: Reporting Party* with your information and complete *Section C: Involved Party* with information about the Survivor.
- This is an anonymous report** (i.e., a report made by a person who wishes to remain unidentified). If this is an anonymous report, then do not complete *Section A: Reporting Party*. If this anonymous report is about someone else, i.e., it is also a third-party report, then please complete *Section C: Involved Party* with information about the Survivor.

Reporting Party name:		
Gender:	Pronouns:	
Department name:		
E-mail:	Telephone:	
McGill status:	Undergraduate student	<input type="checkbox"/>
	Graduate student	<input type="checkbox"/>
	Postdoctoral fellow	<input type="checkbox"/>
	Academic staff	<input type="checkbox"/>
	Administrative or support staff	<input type="checkbox"/>
	Former student	<input type="checkbox"/>
	Other (describe): _____	<input type="checkbox"/>
Do you live in a McGill Residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

B. Respondent

Please note that you may name more than one Respondent. If you require more space, please attach a separate document to this Reporting Form.

Respondent name:		
Gender:		
Department name:		
E-mail:	Telephone:	
McGill status:	Undergraduate student	<input type="checkbox"/>
	Graduate student	<input type="checkbox"/>
	Postdoctoral fellow	<input type="checkbox"/>
	Academic staff	<input type="checkbox"/>
	Administrative or support staff	<input type="checkbox"/>
	Other (describe):	<input type="checkbox"/>

C. Involved Party

This section is for third-party reports only (i.e., a report made by someone other than the Survivor), including third-party reports that are also anonymous reports. If this is not a third-party report, then please skip to Part II: Incident Information.

Please provide information about the Survivor below. This person has the right to be informed about this report and to choose whether to participate or not in an investigation of such report.

If you require more space, please attach a separate document to this Reporting Form.

Involved Party name:		
Gender:		
Department name:		
E-mail:	Telephone:	
McGill status:	Undergraduate student	<input type="checkbox"/>
	Graduate student	<input type="checkbox"/>
	Postdoctoral fellow	<input type="checkbox"/>
	Academic staff	<input type="checkbox"/>
	Administrative or support staff	<input type="checkbox"/>
	Other (describe):	<input type="checkbox"/>

II. Incident Information

Please provide a brief description of the incident(s) of sexual violence. For the definition of sexual violence, see section 7(k) of the [Policy](#).

If you require more space, then please attach a separate document to this Reporting Form.

Date(s) and time(s) that the incident(s) occurred:
1
2
3
Location(s) of incident(s):
1
2
3
In the space below, please describe the incident(s) providing relevant details (e.g., individuals present, what happened, the act(s) experienced as sexual violence, etc.).
<i>Please note that only a brief description of the incident(s) is necessary for the purpose of submitting this Reporting Form as the opportunity to recount the allegations in full will present itself at an interview with the mediator or Special Investigator. Also, you do <u>not</u> need to provide any additional materials (e.g., screenshots, emails, photos, etc.) at this time.</i>
1
2
3