

HEFOR14 Sexual Assault Harassment Complaint Form

To be filled by the Complainant, in the presence of the Student Welfare Officer or Human Resources staff member.

Complainant Name: _____

Job Title: _____

Department: _____

Supervisor/Manager: _____

Name of Accused: _____

Relationship (if any) to the Accused: _____

Date/Time of Incident: _____

Location of Incident: _____

Describe the Incident:

Names of Witnesses (if any): _____

Have similar incidents occurred in the past? _____

What was the nature of the past incident(s)?: _____

By signing below, I certify that all information provided above is true and correct to the best of my knowledge.

Complainant Signature: _____ Date: _____

Student Welfare Officer (Interviewer) name: _____

Student Welfare Officer signature: _____ Date: _____

Confidentiality

Confidentiality will be respected and maintained at all times within the constraints of the need to fully investigate the matter, subject to any legal requirements for disclosure and consistent with the principles of natural justice.

Author	Academic Director
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