

**Alma Mater Society (AMS) of UBC Vancouver
Sexual Violence Report Form**

This form should be used to report a complaint and start an investigation under the AMS Sexual Violence Policy. The form should be completed as soon as possible after an incident of Sexual Violence has occurred.

Once completed, please submit the form to the AMS Ombudsperson (ombudsperson@ams.ubc.ca) or the AMS H.R. Manager (praneetsandhu@ams.ubc.ca) as set out in AMS's Sexual Violence Policy.

If you wish to disclose Sexual Violence but not want to make a report and begin an investigation, the AMS's Sexual Assault Support Centre (SASC) is a service that provides safe, free, and confidential crisis and short-term emotional support to any individual of all genders.

SASC can also assist you with completing this form. SASC can be contacted at:

Sexual Assault Support Centre	
Phone:	604-827-5180
Email:	sasc@ams.ubc.ca
Website:	amssasc.ca

This form will be treated in accordance with the AMS Sexual Violence Policy and the AMS Privacy Policy. The AMS will not disclose information on this form to any person except where disclosure is necessary for the purposes of investigating the complaint or taking responsive measures in relation thereto or as otherwise permitted by the Sexual Violence Policy. In almost all complaints, AMS will have to disclose to the party being accused of violence and potential witnesses enough information about the complaint to allow them to give meaningful evidence. This may involve or result in the disclosure of information in this form. If you have any questions about the collection or disclosure of this information, please contact the AMS Ombudsperson (ombudsperson@ams.ubc.ca) or the AMS H.R. Manager (praneetsandhu@ams.ubc.ca).

SECTION A: YOUR INFORMATION	
First name:	Last name:
Contact information:	

SECTION B: INFORMATION ABOUT THE INDIVIDUAL YOU ARE REPORTING	
First name:	Last name:
Are they (select all that apply):	
<input type="checkbox"/> AMS Member (i.e. UBC Student)	If known, what organization or group(s) is this person affiliated with?

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	AMS Staff (i.e. works for in AMS)	If known, what is their job, title, or department?
	Background Unknown	
Additional Information		
How do you know the individual?		
Do you have any contact information for them (i.e. email address, phone number, etc.)?		

SECTION C: INCIDENT INFORMATION	
Date of incident(s):	Time of incident(s):
Name(s) and contact information of any witnesses:	
Please describe the incident below (you do not need to provide full details for the purpose of submitting this Report):	
<i>The investigator may contact you if they require more information.</i>	
<div style="text-align: center; font-size: 48px; opacity: 0.2; transform: rotate(-30deg); pointer-events: none;"> DRAFT </div>	

AMS prohibits retaliation for filing a Report. If you are intimidated, threatened, or harassed as a result of completing this Report please immediately contact the entity to whom you submitted the Report – i.e. either the AMS Ombudsperson or AMS Human Resources Manager. In addition:

- For health and support, please contact AMS SASC.
- If there is any concern about your safety, please contact the police.

By signing below, you confirm the following:

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- a) I am submitting a Report of Sexual Violence to the AMS Ombudsperson or AMS Human Resources Manager, under the AMS's Sexual Violence Policy.
- b) This Report will be used to begin an investigation of this alleged incident of Sexual Violence.
- c) The information provided by me in this form is true to the best of my knowledge and belief.

Your signature: _____

Date: _____

DRAFT