

Alma Mater Society of UBC Vancouver

Sexualized Violence Complaint Form

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

If you intend to submit a formal report and **you are an AMS Staff**, please submit this form to the AMS Human Resources Senior Manager (hrmanager@ams.ubc.ca) or to the AMS Ombudsperson if the Senior HR Manager is in a conflict of interest. If you intend to submit a formal report and **you are an AMS Member**, please submit this form to the AMS Ombudsperson (ombudsperson@ams.ubc.ca) or to the Senior HR Manager if the Ombudsperson is in a conflict of interest.

If you wish to disclose Sexual Violence but do not want to make a report and begin an investigation, you may contact either Sexual Violence Prevention and Response Office (SVPRO) or AMS's Sexual Assault Support Centre (SASC).

	Sexual Violence Prevention and Response Office	Sexual Assault Support Centre
Phone:	604-822-1588	604-827-5180
Email:	svpro.vancouver@ubc.ca	sasc@ams.ubc.ca
Website:	svpro.ubc.ca	amssasc.ca

Privacy Notification: This form will be treated in accordance with the AMS Sexualized Violence Policy and the AMS Privacy Policy. The AMS will not disclose information on this form to any individual 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 Sexualized Violence Policy. In almost all complaints, the 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 Human Resources Senior Manager (hrmanager@ams.ubc.ca) or the AMS Ombudsperson (ombudsperson@ams.ubc.ca).

SECTION A: YOUR INFORMATION

First name:	Last name:
Are you (select all that apply): <input type="checkbox"/> AMS Member (i.e. UBC Student) <input type="checkbox"/> AMS Staff	
Contact information:	

SECTION B: INFORMATION ABOUT THE INDIVIDUAL YOU ARE REPORTING

First name:	Last name:
Are they (select all that apply):	

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	AMS Member (i.e. UBC Student)	If known, what organization or group(s) is this person affiliated with?
	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):	
Name(s) and contact information of any witnesses:	
Was the Incident (select all that apply):	
	Bullying and Harassment
	Discrimination
	Other (please describe the incident here):
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>	

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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 Senior Human Resources Manager. In addition:

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

By signing below, I understand that:

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

Your signature: _____

Date: _____