# Lakehead University Corporate Identity, 955 Oliver Raod, Thunder Bay, ON, P7B 5E1, lakeheadu.ca

Office of Human Rights and Equity

Li 5012

t: (807) 346-7785

e: sv.hre@lakeheadu.ca

**Sexual Violence Complaint Form**

Sexual violence refers to a range of behaviours that are perpetrated against a person targeting their gender or sexuality. It can be physical, psychological and covers a continuum of aggression and abuse. Examples include sexual harassment (verbal, cyber, gestures, stalking, voyeurism, exhibitionism), sexual assault (rape, incest, molestation) and others.

From a survivor-centered approach, individuals who experience sexual violence can expect to be believed and respected as the best judge of their own interests. **The OHRE will ensure individuals are treated with dignity and provided with support regardless if they formally complain or not.**

If you would like to report or issue a complaint about sexual violence please fill up this form and send it to sv.hre@lakeheadu.ca or drop it off at the OHRE where it will be treated with the utmost confidentiality. Please let us know if you require accommodations or support to fill up this form.

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Date of Birth: | Email: | Phone: |
|  |  |  |  |
| Position at LU (circle one):StudentEmployeeFacultyOther | If Employee or Faculty, specify position:  | If student, specify program: | If other, specify: |

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**Please Check ALL applicable boxes:**

**My Complaint deals with:**

* Indecent Exposure
* Voyeurism
* Sexual Exploitation
* I don’t know…
* Sexual Assault
* Sexual Harassment
* Stalking

**I am a person who identifies as: *(you will not be asked about this section which is kept for statistics and improving our support to equity-seeking groups)***

* Indigenous
* LGBTIQQ2S
* Non-Canadian resident
* Other equity seeking group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Male
* Female
* Non-binary gender
* Somebody with a Disability
* Someone who is Racialized

**Incident(s)**

Today’s Date:

|  |
| --- |
| Date of Incident: Time of Incident: |
| Details of incident: Please specify name(s), date(s), time(s), locations and potential witnesses if applicable. Please try and be as specific and clear as you can. |
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OFFICE USE

Reported:

Investigated:

Decision: