

**t: (807) 346-7785**

**e: sv.hre@lakeheadu.ca**

**Sexual and Gender Based Violence Complaint**

Sexual and Gender Based Violence (SGBV) 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.

The OHRE follows a survivor-centered approach. Individuals who experience SGBV 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](mailto:sv.hre@lakeheadu.ca) (or in person, Li 5012, Chancellor Paterson Library -Thunder Bay, or Simcoe Hall, Office of Student Affairs - Orillia) where it will be treated with the utmost confidentiality. Please let us know if you require accommodations or support to fill up this form. If there are any safety concerns, please contact Security.

**Contact Information**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |



OFFICE USE

Reported:

Investigated:

Decision: