



CCTCM'S SEXUAL VIOLENCE/ HARASSMENT REPORTING FORM

This form is to be completed in the event of any incident of harassment or violence that takes place on the premises, and may include threats of violence, bullying, and physical violence.

PART 1 – INCIDENT DETAILS (to be completed by party reporting incident)		
Date of report		
Reporter's name		
Location of incident		
Date of incident		
Time of incident	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Victim's name		
Relationship to (co. name)		
Contact information		
Additional witnesses	Name	Contact Information
Injuries and damage	Yes	No
Were there any injuries or property damage reported?		
Medical attention/first aid obtained?		



PART 2 – DESCRIPTION OF INCIDENT (to be completed by party reporting incident)

In your own words, please provide detailed description of the incident based on what you experienced or was reported to you and other pertinent information.

Describe immediate actions taken (e.g., contacted supervisor, told Respondent to stop behaviour, called 911, etc.).



Describe your recommendations for corrective and preventive actions, if any.

Reporter's signature



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TRADITIONAL CHINESE MEDICINE**

PART 3 – INVESTIGATION INTERVIEWS (to be completed by Investigator)

Interviews with victim, alleged perpetrator and witness shall be conducted where possible. Where such interviews are not conducted this report shall indicate why.

Name of person interviewed	
Event role (victim, alleged perpetrator or witness)	
Person conducting the interview	
Date of interview	
Interview Notes	
Person interviewed signature:	



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I am filing this complaint because I honestly believe that _____ has
committed an act of: Harassment Violence.

I hereby certify that to the best of my knowledge the above-mentioned information is true,
accurate and complete. Making false or frivolous allegations is in violation of Ontario Workplace
Harassment and Violence policy and is subject to disciplinary sanctions. Furthermore, I realize
that an inquiry will be initiated once this report has been filed.

Signature of the complainant or
his/her parents/legal guardians

Date

Note on confidentiality:

To investigate the complaint, the district will disclose the content of the complaint only to those
persons who have a need to know. This form will not be shown to the accused student(s)/staff.