

CONFIDENTIAL



INCIDENT COMPLAINT FORM for STUDENTS

Students use this form to report a complaint of misconduct by another Student, Staff or Faculty.
IF YOU ARE REPORTING DISCRIMINATION AND / OR HARRASSMENT, PLEASE USE A [D&H FORM](#) or
IF YOU ARE REPORTING SEXUAL VIOLENCE, PLEASE USE A [SV FORM](#).

This is a fillable PDF document. Please type all the information you have directly into this form.

Please Note - This document is NOT to be used to register academic/grade appeals.

Your Name (student complainant):	
Your Student ID#:	
Respondents Name:	
Is the respondent student, staff or faculty? (please tick one):	STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> FACULTY <input type="checkbox"/>
Date of incident:	
Name of any witness(es):	
Summary of Misconduct / Incident (add additional pages as needed)	Evidence Checklist <input type="checkbox"/> Description of offence (date, time & details) <input type="checkbox"/> All written communications related to the incident including chat, mail or other documents. <input type="checkbox"/> Video or audio recording (mutually agreed to at the time of recording & relevant to the misconduct) or a summary of verbal or video evidence (if applicable) <input type="checkbox"/> Other (please specify below)
<i>Please provide any and all relevant information, including supporting documentation, so a fair and objective decision may be reached regarding this allegation. Please include any information that may be required by an appeal committee in the event of an appeal. An assessment of the complaint and investigative finding will be made based on all evidence, including that of both yourself as complainant, as well as the respondent.</i>	
Any other information or evidence	

If you are a **Yorkville University** student, please submit this form to studentrightsandresponsibilities@yorkvilleu.ca

If you are a **Toronto Film School** student, please submit this form to studentrightsandresponsibilities@torontofilmschool.ca