

SEXUAL VIOLENCE DISCLOSURE & REFERRAL FORM

For effective planning and intervention, accurate information on sexual violence on campus is needed.

Any individual receiving a disclosure of sexual violence should follow the Procedures For Responding to Sexual Assault outlined in the University Sexual Assault Policy and Procedures (<http://www.smu.ca/SexualAssaultPolicy>), then complete this form and forward it to the Saint Mary's University Sexual Assault Case Manager (c/o Student Health), who is designated by Saint Mary's University to collect all disclosures of sexual assault involving the campus community.

If you have any questions, call 902.496.8778 or email SexualAssault@smu.ca

This information will be used, in part, to compile and report data around sexual violence on campus and to enhance University-wide sexual violence prevention, intervention, and response, including supports and resources.

Incident DATE & TIME:	Incident LOCATION: <i>(please circle)</i> ON-Campus OFF-Campus
Victim / Survivor GENDER: <i>(please circle)</i> Female Male Gender Identity _____ Undisclosed	Victim / Survivor DEMOGRAPHIC: <i>(please circle)</i> Student Staff Faculty Undisclosed Other
Suspect / Perpetrator GENDER: <i>(please circle)</i> Female Male Gender Identity _____ Undisclosed	Suspect / Perpetrator DEMOGRAPHIC: <i>(please circle)</i> Student Staff Faculty Undisclosed Other
REFERRAL(s) / ACTION(s) TAKEN: <i>(please circle all that apply)</i> 911 or University Security (902.420.5000) called for emergency assistance 911 called for immediate medical attention Victim / Survivor / individual disclosing referred to SMU Sexual Assault Case Manager – 902.471.8129 Victim / Survivor / individual disclosing referred to SANE (Sexual Assault Nurse Examiner) – 902.425.0122	

NAME of Individual Completing this Form <i>(please print)</i>	SIGNATURE of Individual Completing this Form:
DATE form completed :	DEMOGRAPHIC of Individual Completing this Form: <i>(please circle)</i> Student Staff Faculty Undisclosed Other