



Student Formal Complaint Form

Retain a copy for your records.

It is the policy of Loyalist College to build and preserve a positive environment for all its community members. This form is intended for submitting complaints in accordance with the following policies: *ADMIN 125 Sexual Assault and Sexualized Violence, ADMIN 127 Harassment and Discrimination, and Student Code of Conduct.*

File Number (office use only):

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Section A: Reporting Individual

Please input your information below as the person reporting the incident(s). If you prefer to remain anonymous, please check the Anonymous box and leave the below information blank.

☐ Complainant

☐ Witness

☐ Anonymous

Last Name:	
First Name:	
Student Number (if applicable)	
Cell Phone:	
Email:	
Address:	

For complaints submitted anonymously* or by a witness:

Is the complainant aware that you are submitting this complaint? ☐ Yes ☐ No ☐ Unknown

I understand that a copy of this complaint will be shared with the complainant. ☐ Yes ☐ No

** Submission of a complaint or concern anonymously can assist with reporting sensitive issues and protect individuals from stigma or retaliation, but it may limit follow-up, investigation and resolution.*

Section B: Impacted Individual

Please provide any information you may have about the individual(s) impacted by the incident(s).

Note: If you are the complainant (i.e., the person directly impacted and identified in Section A), you do not need to complete this section

If you would like to include additional information or supporting documentation that is not covered below, please attach separately.

Last Name:	
First Name:	
Role at College	<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other
Cell Phone:	
Email:	
Address:	

Has the complainant been offered or connected with support resources?

☐ Yes ☐ No ☐ Unknown

If no or unknown, the Student Conduct and Accountability Office can help provide information and guidance on available supports (e.g., counseling, academic support, security services).

Respondent Information (if known)

Please provide any information you may have about the individual(s) alleged to be responsible for the incident(s)

Last Name:	
First Name:	
Role at College	<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other
Cell Phone:	
Email:	
Address:	

Is the respondent aware that you have made this complaint?

☐ Yes ☐ No ☐ Unknown

The incident(s)/behaviour that I am reporting is/are related to *(select all that apply)*:

☐ Harassment ☐ Discrimination (Protected Grounds) ☐ Sexual Violence ☐ Student Code of Conduct

Section C: Complaint

Please provide a brief summary of the incident(s):

Section D: Details of Complaint

Describe the nature of the complaint, providing as much detail as possible. Please list particulars of the incident(s) separately.

Date	Time	Location	Behaviour/Incident

Impact

As a result of the above incident(s), I experienced or observed the following consequences:

Section E: Witness* Information and Supporting Documentation (optional)

Name of Witness or Contact	Phone Number	Email
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**Please note that witnesses may be contacted by the college.*

Please list and attach any supporting documentation or evidence.

Section F: Actions Taken to Date (if applicable)

You are not required to have taken any action for this complaint to be valid. If you have taken steps to address the incident(s), such as speaking directly to those involved, or participating in an informal or civil process, please record them below.

Date	Time	Location	Action Taken	Results (if any)

Action taken by other parties that I am aware of - e.g. employees, students, external authorities

Date	Time	Location	Action Taken	Results

Section G: Approach to Resolution (if known)

Please note that the College cannot guarantee a resolution but will endeavour to find an outcome that supports the complainant, promote accountability and adequately resolves the issue. If you are unsure of the resolution you are seeking, you may leave this section blank.

As a resolution to this matter, I would like the following to occur:

Section I: Reporting student acknowledgement

I understand that:

- Loyalist College will review my form submission and assign a case manager. The assigned intake officer will contact the complainant to discuss available options and the processes, as outlined in the applicable policy and procedure. This meeting is optional for the complainant and will be approached through a trauma-informed lens, ensuring the complainant retains as much autonomy as possible to make decisions about next steps.
- Maintaining confidentiality is important and that breeches of confidentiality may result in disciplinary action.
- I, or the complainant, may have a representative and/or support person present at any stage of the complaint process.

The information I have provided on this form is accurate to the best of my knowledge.

Signed at (location): _____ on this date: _____

Signature of complainant: _____

This form is confidential once completed. Please note that this document and any attachments to it that you provide while filing a complaint will be held in confidence by Loyalist College. If the complainant elects to pursue a formal or informal investigation/resolution to this complaint, the claims made on this form and its attachments may/will be disclosed to the named respondents, and to the investigator, mediator(s), and/or appeal chair as appropriate. Your signature confirms that you have been made aware and give permission for the sharing of this information.