



## Sexualized Violence Intake Form

Any information collected on this form is under the confidentiality of the Sexual Violence Education and Prevention Coordinator and may be used for statistical purposes, in that case, all personal and/or identifying information will be removed prior to reporting.

Date		Student Number	
Name			
Date of Birth			
Mailing Address			
Phone Number		Can a message be left at this number?	
Email Address			

Gender:     Male             Female             Other             Undisclosed

Affiliation:     Student             Faculty             Staff             Other: \_\_\_\_\_

If checked Affiliation: Student above, please indicate: faculty and year of study	
Is this visit today for self or other person?	
Contact information for affected person	
Date action(s) took place	
Have any authorities been contacted? If so, what agency?	
Location of action(s)	
Details of action(s)	

*If more room is required, continue onto back of page*

