

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	f 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 requir	red, continue onto back of page

Details of Actions (continued)				
Details of the	Respondent (if known)			
Name:				
Contact information:				
<u> </u>				
Affiliation: Student Facu	ulty Staff Other:			
	the above information is true and correct to the best of your ormation used for statistical purposes as indicated above.			
	Signature			
In C	Office Use Only			
NOTES	FOLLOW-UP			