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DISCRIMINATION & HARASSMENT COMPLAINT FORM FOR STUDENTS

Use this form to report a complaint of discrimination and/or harassment that you believe violates the school's Discrimination & Harassment policy.

	Complainant & Res	-			
Name of Complainant:					
Student ID#:					
Pronouns (They / She / He etc.,):					
Complainant Department / Program:					
E-mail Address:					
Contact Telephone Number:					
Relationship to Respondent (if any):					
Name of Respondent(s)					
Respondent Department / Program (if known):					
	laint Type (please tid some code grounds vary from be				
DISCRIMINATIO					
Colour 🗆	Ethnic Origin $\ \square$	National Origin 🛚			
Citizenship \square	Creed/Religion □	Sexual Orientation			
*Social Condition $\ \square$	Age ☐ Gender Expression ☐				
Gender Identity $\;\square$	Marital Status \square Family Status \square				

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Disability 🗆	*Political Belie			Sex (in	cl. pregn	ancy & breast	ncy & breastfeeding) 🗌		
	Alle	gation	n(s)						
Date(s) of incident(s): (Be as specific as you can)									
Location(s): (Be as specific as you can)									
Names of witness(es): (If any – include any contact info you have)									
Single incident or several? (Be as specific as you can)									
Describe th	e allegation(s) in	your	own	word	S (be a	s detailed as	you		
		can).							
				(Plea	se add ad	lditional pages if	you need	them)	
Do you have any supporting do	cuments or evidence?		YES			NO			
Do any witness(es) or others have may support your complaint?	ve any evidence that	YES		NO		I DON'T I	(NOW		
Attach any supporting docume photographs. Physical evidence are not able to attach docume below. If someone else has rele	e, such as vandalized p nts and they are releva	ersona nt to yo	l beloi our co	ngings, (mplaint,	can also	o be submitt	ed. If yo	U	

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