

Policy Number	3.6.2
Approval Body	Executive Committee
Policy Officer	President + Vice-Chancellor
Approval Date	April 2025

3.6.2 SEXUAL AND GENDER-BASED VIOLENCE + MISCONDUCT PROCEDURES FOR EMPLOYEES + BOARD MEMBERS

ENABLING POLICY

3.6 Sexual and Gender-based Violence and Misconduct Policy

Please refer to this policy for definitions

1. PROCEDURES

These Procedures outline the process the University will follow when an Employee or Board Member of the University community chooses to disclose or report an incident(s) of sexual violence or misconduct.

The University is committed to treating Survivors/Victims with dignity, respect and sensitivity, and will provide appropriate supports in a timely manner.

If you have just experienced an incident of sexual or gender-based violence or misconduct, please review APPENDIX B - INFORMATION / SUPPORT / RESOURCES PAGE

2. SURVIVORS/VICTIMS WHO CHOOSE TO DISCLOSE

Survivors/Victims may choose whether to disclose an incident(s) of sexual and gender-based violence. The University encourages Survivors/Victims to disclose, preferably in writing, as soon as they are ready, in order to access University support. Survivors/Victims are encouraged to have a support person accompany them in any meeting with the University.

Survivors/Victims who disclose, but choose not to file a report, should be aware that the University's duty of care may require the University to act, which may include initiating an investigation to protect the safety of its community members.

Survivors/Victims will be provided with culturally-specific resources and supports, if needed, to facilitate a safer pathway to disclose, report or foster healing. This may include structuring Voluntary Alternate Resolution Processes, where appropriate, which could occur through a variety of means and will take into account any cultural or safety requirements of the parties.

Appropriate support and safety plans will be made available to all Survivors/Victims who disclose or report, at the discretion of the Administrative Authority.

3. THIRD-PARTY, WITNESS + ANONYMOUS REPORTING

The University has the option for safe disclosure statements to be made through a third party; by a witness; or anonymously. Third-party statements are made by someone other than a Survivor/Victim or someone impacted by sexualized violence. To learn more about Third-Party Reporting, please refer to **APPENDIX D – THIRD-PARTY + ANONYMOUS REPORTING**.

For witnesses or third parties supporting a Survivor/Victim, upon receiving a disclosure, please refer to **APPENDIX C - RESPONDING TO A SURVIVOR/VICTIM WHO CHOOSES TO DISCLOSE**

4. SURVIVORS/VICTIMS WHO CHOOSE TO REPORT

Survivors/Victims may decide to report to the University and/or pursue external reporting options. Survivors/Victims can receive information on reporting options before choosing to make a report to the University, or prior to exploring external legal or civil processes.

Reports involving employees can be made to Human Resources, the Threat Assessment Team (TAT), and to relevant third parties such as the Police and RCMP (depending on your jurisdiction) if pursuing a criminal complaint.

- The Administrative Authority responsible for determining the response to policy violations with regards to student respondents is the Vice-Provost Students – refer to procedures 3.6.1
- The Administrative Authority responsible for determining the response to policy violations with regards to employee respondents is the Associate Vice-President (AVP) Human Resources or delegate.
- When making a Report against a Board member, the Survivors/Victims must contact the University's Administrative Authority or the Board Chair to access support services. The Administrative Authority can be reached by calling 604-844-3824 or emailing hr@ecuad.ca. The Board Chair can be reached via the University Secretary at 604-844-3890 or by emailing usecretary@ecuad.ca.

A Survivor/Victim who chooses to report is referred to as a Complainant in the reporting process.

The University reserves the right to inform the relevant law enforcement agency without the consent of the Survivor/Victim if there is a reasonable belief that the safety of a member of the University community is at risk. Furthermore, the University has a duty to report any incident involving a minor. This decision will be evaluated by the Threat Assessment Team (TAT) utilizing appropriate risk assessment triage tools and processes. In these circumstances, the University will advise the Survivor/Victim that the report to law enforcement is required and will set up safety and support measures as needed.

Support During Reporting

During the reporting process and any meetings with the University, complainants and respondents are encouraged to have a support person present. Employees who belong to a bargaining unit are encouraged to seek support from their union local.

If the Complainant decides to make a Criminal complaint, and if criminal charges are laid, a member of the Threat Assessment Team (TAT) may act as a liaison with the police and the University, subject to any privacy restrictions.

Responding To Reports

Complainants and respondents are encouraged to review **APPENDIX A - OUTLINING COMPLAINANTS AND RESPONDENTS RIGHTS**.

The University does not have the authority or jurisdiction to act against a non-Member of the University Community. However, in certain circumstances, the University may prohibit the non-Member Respondent's access to the University's properties and events, where it is deemed necessary and reasonable to do so to protect the University community.

Initial Assessment and Inquiry

The following process outlines the steps taken to initiate a formal investigation:

1. Reports will be brought forward to the Administrative Authority. The Administrative Authority, in consultation with the TAT, will determine whether the incident falls within the University's scope and jurisdiction to investigate under the Policy ("the initial assessment"). The Administrative Authority will brief the President + Vice-Chancellor, or designate, on the report and the determination reached.

2. The initial assessment will normally be completed within ten (10) business days, where practical, of the receipt of the report.
 - a. If the President + Vice-Chancellor, or designate, determines that the report meets the jurisdictional requirements to proceed, a formal investigation will follow.
 - b. If it is determined that the report is not within the jurisdictional scope of the Policy, the matter will be considered closed. The Complainant will be notified in writing within five (5) business days of that determination. The Complainant may still access support services and safety modifications (see policy definition). A record of the report will be kept in Student Services or Human Resources and retained for seven years unless otherwise required by law and may be re-opened upon the introduction of new information or evidence.
3. To initiate an investigation, the President + Vice-Chancellor, or designate, shall instruct the Administrative Authority to appoint an external investigator.

When the report involves either the President + Vice-Chancellor, or a member of the University's Board of Governors (which includes order in council and internally elected members), the University will immediately appoint an external independent investigator who will review the Report and determine whether the allegations fall within the scope of the Policy, and if so, whether the Policy has been breached. This will inform any further actions to be taken by the University.

At any time in the process, the Complainant has the right to withdraw the report or stop an investigation without consequences to the Complainant's University status. However, the University may continue to act on report to comply with its obligation under the Policy. A Complainant who withdraws a report may still access support services and safety modifications.

5. ROLES AND RESPONSIBILITIES

Complainant	<p>The complainant is responsible for the following:</p> <ul style="list-style-type: none"> • Fully participating in an investigation process to the best of their physical, emotional, and psychological abilities • Providing clear information and evidence to the best of their abilities • Always acting in good faith • Respecting the privacy of the respondent(s), witnesses and any other relevant stakeholder
Respondent	<p>The respondent is responsible for the following:</p> <ul style="list-style-type: none"> • Fully participating in an investigation process to the best of their physical, emotional, and psychological abilities • Providing clear information and evidence to the best of their abilities • Always acting in good faith and avoiding any acts that may be perceived as retaliatory • Respecting the privacy of the complainants(s), witnesses and any other relevant stakeholder
Bystander or Witness	<p>The Bystander/Witness is responsible for the following:</p> <ul style="list-style-type: none"> • Making a disclosure to the Administrative Authority; to the operational leader; or to a member of the University leadership team • Accompanying the person to report the concerns or offer to report the concerns directly • Will act in good faith by providing an honest and accurate account of what was witnessed
Administrative Authority	<p>The Administrative Authority under the procedure is the Associate Vice-President, Human Resources + Privacy Officer, and is responsible for the following:</p> <ul style="list-style-type: none"> • Overseeing a dispute resolution process in a manner that maintains objectivity, absent of bias or allyship with any one particular party engaged in the dispute resolution process

- Engaging formal procedures that align with the University's commitment to procedural fairness
- Approaching supports and remedies through a trauma-informed approach
- Developing and enacting interim measures in consultation with the Operational Leader(s)
- Ensure there is informed consent with the complainant (and respondent, when applicable) prior to engaging any formal procedures
- Advancing recommendations and findings to the President + Vice-Chancellor for approvals as necessary

Operational Leader

Operational leaders are Administrators who are charged with the oversight of a specific area within the University (e.g. Executive Director or Dean).

The operational leader(s) are responsible for the following:

- Ensuring that complainants feel supported in bringing forward their concerns
- Taking action prior to the issues escalating into formal complaints
- Seeking guidance and advice from the President + Vice-Chancellor or the Administrative Authority when issues arise
- Ensuring that supports are in place for either the complainant(s) or the respondent(s) to ensure the University meets its commitment to procedural fairness
- Developing and implementing interim measures in consultation with the Administrative Authority
- Approaching supports and remedies through a trauma-informed approach
- Enacting any recommendations that stem from a Record of Resolution

President + Vice-Chancellor

The President + Vice-Chancellor is responsible for the following:

- Reviewing and considering any recommendation brought forward by the Administrative Authority
- Reviewing reports, findings, and issuing records of resolution as required.
- Consider appeals.

6. INTERIM MEASURES

As part of an investigation process, the University may impose or facilitate interim measures as may be appropriate for the safety of individuals involved and the University community. Interim measures are not intended to be punitive but are intended to provide a safer environment for all parties and to prevent a further escalation of the reported activities.

The authority to impose interim measures rests primarily with the Administrative Authority. In cases of academic modification for students, interim measures would be recommended to the appropriate Dean, who would then make final decisions and implement the interim measures working with their faculty. For all employees and members of the Board, the Administrative Authority, in consultation with the Operational Leader, will consider all interim measures and their impact on the teaching and learning environment.

Interim measures will be communicated to the respondent and complainant in writing after the determination has been made by the Administrative Authority. Interim measures can be altered or will remain in effect at the discretion of the Administrative Authority.

When the incident involves law enforcement or other internal or external investigations, recommendations or requirements or orders from these parties may determine interim measures, including the duration of such measures.

Interim measures may be appealed to the President at any point during which the measure remains in place. Appeals can only be made on the grounds of proportionality of the measure to the incident. The President may choose to uphold, modify or remove the interim measure. The President's decision will be communicated in writing to the respondent within 10 business days.

7. INVESTIGATIONS

The Administrative Authority or delegate will appoint an external investigator to conduct the investigation and will inform all parties in writing at the outset of any investigation.

All investigations under the Policy involving employees will be conducted in accordance with any applicable processes set out in relevant collective agreements.

Appointment of an investigator will normally be made within 10 business days, where practicable, of the decision to refer the report to formal investigation and where such investigator is available to carry out the investigation. The University will make every effort to obtain investigators who are trained in trauma, anti-oppression, anti-racism informed approaches.

The following details the usual sequence of the investigation process:

1. The Respondent will be notified in writing of the investigation, and during the investigation, shall receive a copy of the complaint (also known as a Statement of Allegations) from the external investigator.
2. The external investigator will have regard for University policies, procedures, collective agreements, and any relevant law, and shall:
 - a. Establish an investigation process based on University policy and procedural fairness, and outline to the complainant and respondent the procedure at the outset of the investigation.
 - b. Exercise the discretion to develop their own procedures to conduct the investigation, including a determination as to which witnesses to interview.
 - c. Not be constrained by strict rules of procedure and evidence.
3. The external investigator shall establish the terms of reference for the investigation, and will:
 - a. interview the Complainant;
 - b. interview the Respondent, and any witnesses;
 - c. review any available documentation or other evidence;
 - d. ensure that the Complainant and Respondent can respond in full to all relevant evidence brought forward by the other party;
 - e. Shall collect and compile all evidence into an investigation report;
 - f. The investigation report will set out:
 - the evidence considered and the investigator's findings of fact regarding the allegations contained in the Report;
 - the investigator's determination as to whether or not there has been a violation of the Policy;
 - any mitigating or aggravating circumstances to be considered; and
 - may include recommendations if requested by the University.
4. If more than one Report has been made about a Respondent, the Administrative Authority or delegate, may determine that a single investigator be used to investigate all Reports pertaining to that Respondent.

Individuals interviewed by an investigator(s) may be accompanied by a representative or support person. The representative/support person will not be permitted to speak on behalf of the individual being interviewed. The representative/support person could be a union or faculty association steward, friend, colleague, Elder or other community member. If the support person is a lawyer, the individual must inform the investigator(s) two (2) business days prior to an investigation meeting.

If external criminal, civil, or administrative proceedings are undertaken, the University reserves the right to proceed with, defer, or suspend its own investigative processes. The University may be required by law to proceed with the investigation.

At any time, a Complainant may withdraw from an investigation by making a formal request to the Administrative Authority and/or the Board Chair. The University may be required by law to proceed with the investigation.

If the Complainant or the Respondent refuses to engage with the investigator, the investigator may either proceed with the investigation or make a recommendation to the Administrative Authority or delegate regarding further action. The Administrative Authority will have the discretion to determine the next steps, based on the recommendation of the investigator and consideration of any legal obligations on the part of the University.

Upon deferral, suspension, or cessation of an investigation, all parties will be notified.

All investigations will be conducted in a timely manner with regular updates provided to parties to ensure ongoing communication.

8. DETERMINATION, REMEDIAL ACTIONS AND SANCTIONS

The investigation report will be submitted to the Administrative Authority or delegate who will review the report with the President + Vice-Chancellor. The President + Vice-Chancellor shall share the findings of the investigation by issuing a formal record of resolution to all parties, which shall communicate the findings of the investigator and shall indicate whether sanctions are warranted or not.

If it is determined that sanctions are warranted, the following shall take place:

- a. The President + Vice-Chancellor shall instruct the operational leader responsible for the Respondent to develop the appropriate sanctions in consultation with Human Resources. If the sanction decided is suspension or termination, the President will notify the Board of Governors as per the University Act.
- b. The Respondent will be notified in writing, by their operational leader, of the specific sanctions being imposed and the applicable appeal process.
- c. The record of resolution and notice of sanctions shall be placed on the employee's personnel file.
- d. The Complainant will be informed in writing of the outcome of the investigation, but not necessarily the details of any disciplinary action or sanctions taken against the Respondent, unless sharing that information is necessary for the protection of the Complainant's health and safety.

The investigator's report will be kept confidential and will not be disclosed to the parties, except where required by applicable collective agreement provisions or by law. If disclosed, measures will be taken to protect the privacy and confidentiality of personal information contained in the report, in accordance with applicable privacy legislation.

9. COMPLAINTS MADE IN BAD FAITH

Where an investigation finds that a report was made in Bad Faith or with malicious intent, the appropriate operational leader may take remedial action, including a range of discipline up to termination of employment.

10. BREACH OF SANCTIONS

Failure to complete or abide by imposed or agreed-upon sanctions is a further violation of the Policy.

Breach of sanctions may lead to disciplinary action.

11. APPEAL

Either party has the right to appeal the findings of an investigation where they can demonstrate a procedural error (such as an error in process that may have a material impact on how the investigator reached their findings),

including factual errors (such as a substantial misunderstanding of the information provided), has occurred that would have materially impacted the outcome of the investigation. Appeals shall be made to the President + Vice-Chancellor, and must contain the following:

1. What was the procedural error that occurred?
2. What evidence exists that demonstrates that an error material to the outcome of the investigation occurred?

The President + Vice-Chancellor shall review the argument and evidence produced by the appellant. The Administrative Authority and the external investigator will be given the opportunity to respond to the argument and evidence advanced by the appellant. The President + Vice-Chancellor may request a meeting with any party prior to rendering a final decision.

12. RECORD KEEPING

Investigation reports and records of proceedings are confidentially maintained by the Administrative Authority in Human Resources. All records relating to a report will be kept for a period of no less than seven (7) years following the completion of all actions pertaining to a particular incident. After this time, records may continue to be kept on file if deemed necessary by the Human Resources Department and will otherwise be confidentially destroyed.

POLICY SUPPORTS

List relevant Emily Carr University procedures and/or guidelines that support this policy.

APPENDIX A - COMPLAINANT AND RESPONDENT'S RIGHTS

APPENDIX B - INFORMATION / SUPPORT / RESOURCES PAGE

APPENDIX C - RESPONDING TO A SURVIVOR/VICTIM WHO CHOOSES TO DISCLOSE

APPENDIX D – THIRD-PARTY + ANONYMOUS REPORTING

APPENDIX A - COMPLAINANT AND RESPONDENT'S RIGHTS

Complainant's Rights

A Complainant has the following rights:

- (a) to be treated with fairness, dignity, and respect;
- (b) to be given access to available support and resources throughout the process;
- (c) to timely assistance with safety planning;
- (d) to timely information about referrals to available on-and off-campus support services and resources;
- (e) to have the process explained to them in an accessible manner, including the possible outcomes;
- (f) to have their personal information kept confidential (except when disclosing it is required by law or University policy);
- (g) to be informed that any information collected may be disclosed in criminal or civil proceedings;
- (h) to present their side of the story, and to respond to other participants' information;
- (i) to be accompanied by a representative / support person
- (j) to legal representation (at the Complainant's cost);
- (k) if the Complainant is a unionized employee, to seek support, consultation, and representation by their union;
- (l) to regular updates on the status of the process;
- (m) to opportunities to engage in Voluntary Alternate Resolution Processes where appropriate;
- (n) to written notice of any resolution that directly affects the Complainant and
- (o) to written notice of the outcome of any appeal or grievance.

Respondent's Rights

A Respondent has the following rights:

- (a) to be treated with fairness, dignity, and respect;
- (b) to be given access to available support and resources in alignment with the Policy;
- (c) to receive timely notice and information about the allegations against them;
- (d) to know the identity of the person who made the Report;
- (e) to be presumed to have not violated this policy until a fair investigation is completed;
- (f) to have the process explained to them in an accessible manner, including the possible outcomes and consequences;

- (g) to have their personal information kept confidential (except when disclosing it is required by law or University policy);
- (h) to be informed that any information collected may be disclosed in criminal or civil proceedings;
- (i) to present their side of the story, and to respond to other participants' information;
- (j) to be accompanied by a support person
- (k) to legal representation (at the Respondent's cost);
- (l) if the Respondent is a unionized employee, to seek support, consultation, and representation by their union;
- (m) to decline to participate (however, the process may still proceed in the absence of the Respondent);
- (n) to opportunities to engage in Voluntary Restorative Resolution Processes where appropriate;
- (o) to written notice about the outcome of an investigation and any sanctions; and
- (p) to appeal or grieve the decision, as applicable, (within the appropriate time frame) and to receive written notice of the outcome of any appeal or grievance.

APPENDIX B - INFORMATION / SUPPORT / RESOURCES PAGE

The following supports are available to anyone impacted by sexual violence.

URGENT CARE OR EMERGENCY SUPPORT

Call 911 and/or go to a safe place such as a shelter or a trusted friend's house. If you are on campus and feel unsafe, contact Safety & Security at 604-844-3838.

SPECIALIZED MEDICAL ATTENTION IS AVAILABLE AT THE FOLLOWING LOCATIONS

If possible, it is recommended to obtain medical treatment from a hospital. A Survivor/Victim can access a forensic medical exam up to 1 week after the incident. However, it is recommended the exam occur within 72 hours.

The following locations are the only hospitals in Vancouver with Sexual Assault forensic teams with specialized staff trained to provide sensitive and confidential care following Sexual and Gender-based Violence.

Sexual Assault Service - Vancouver General Hospital Emergency Department

920 West 10 Avenue
604-875-2881
Open daily, 24 hours

When you arrive at the Emergency Department, ask for the Sexual Assault Service. This is a trained forensics team of female nurses, nurse examiners, doctors and counsellors.

Urgent Care Centre - UBC Hospital

2211 Wesbrook Mall
604-822-7121
Open daily, 8am - 10pm
Treatment is

CONFIDENTIAL SUPPORT IS AVAILABLE AT ECU

Support is available to anyone who has experienced sexual/gender-based violence or misconduct, regardless of whether the experience was recent or in the past. Disclosing sexual/gender-based violence and Misconduct to access support and appropriate accommodations does not automatically trigger a Report or an investigation by the University. Supports include:

- Emotional support and safety/emergency planning - Emily Carr students can make appointments by emailing counselling@ecuad.ca. Appointments are free and confidential.
- Academic modifications
- Information about reporting options
- Support through the reporting process if requested
- Connection and referral to community resources

Community Resources

Women Against Violence Against Women (WAVAW) Rape Crisis Centre

24-hour crisis line: 604-255-6344 Toll Free line: 1-877-392-7583 vsp@wavaw.ca
wavaw.ca

Prism Services (LGBT2Q+ education, information, and referral)*

604-658-1214

vch.ca/prism

**Does not provide hospital accompaniment but will provide referrals for appropriate support.*

VictimLink BC (multi-language)

24-hour help line: 1-800-563-0808

REPORTING TO THE UNIVERSITY

If you would like to make a Report to the University, you can do so by sending an email to tat@ecuad.ca.

In addition to the above, when the disclosure or report involves an employee, you are encouraged to contact the University's Human Resources department for further information on accessing external support services. Emily Carr University employees can make appointments in-person at the Human Resources office, or by calling 604-844-3824, or by emailing hr@ecuad.ca.

To call Campus Security: **dial 3838 (internal) or 604-844-3838**

For student Disclosures, you can reach the Counselling Services Office by phone, email or in-person in Student Services.

Counselling Services

604-630-4555

counselling@ecuad.ca

For employee and non-student Disclosures, contact the Employee TAT Team HR member:

Associate Vice President, Human Resources

604-844-3803

Resources Off-Campus

To call your local police department: **dial 911**

24-hour Crisis Centre

604-872-3311

For employee and non-student Disclosures, contact the Emergency Family Assistance Program (EFAP) Counselling Services:

Telus Health Emergency Family Assistance Program (EFAP)

1-844-671-3327 – one.telushealth.com

A Survivor/Victim who has experienced Sexual and Gender-based Violence and Misconduct can access a forensic medical exam up to 1 week after the Sexual Assault. However, it is recommended the exam occur within 72 hours.

The following locations are the only hospitals with Sexual Assault forensic teams with specialized staff trained to provide sensitive and confidential care following a Sexual Assault. When you arrive at the emergency department, ask for the Sexual Assault Service

Emergency Department - Vancouver General Hospital (VGH)

920 West 10th Avenue Open daily, 24 hours 604-875-2881

Urgent Care Centre - UBC Hospital

2211 Wesbrook Mall Open daily, 8am - 10pm 604-822-7121

Female patients may arrange for a **Women Against Violence Against Women (WAVAW)** worker to accompany them to either hospital. Please call 604-255-6344.

Women Against Violence Against Women (WAVAW) Rape Crisis Centre

24-hour crisis line: 604-255-6344 Toll free line: 1-877-392-7583 wavaw.ca

VictimLink BC (multi-language)

24-hour help line: 1-800-563-0808

BC Society for Male Survivors of Sexual Abuse

604-682-6482 bc-malesurvivors.com

MOSAIC Multicultural Victim Services (multi-language)

604-254-9626 mosaicbc.com Weekdays, 9am-5pm

Prism Services (LGBT2Q+ education, information, and referral)

604-658-1214 vch.ca/prism

Trans Lifeline (by and for the transgender community)

24-hour crisis line: 1-877-330-6366 translifeline.org

Qmunity Counselling (for queer, trans, and Two-Spirit communities)

604-684-5307 qmunity.ca

APPENDIX C - RESPONDING TO A SURVIVOR/VICTIM WHO CHOOSES TO DISCLOSE:

All Members of the University Community are potential First Responders.

The following list includes recommended responses to a Disclosure:

- listen without judgment; avoid questioning, blaming or telling the Survivor/Victim what to do;
- ask the Survivor/Victim if they are currently staying in a safe place and if they need medical attention;
- help the Survivor/Victim to identify and/or access available services, including emergency medical care, counselling, or the resources set out on the information page, respect the Survivor/Victim's right to choose the services they feel are most appropriate and to decide whether to Report to the University or police;
- recognize that Disclosing can be traumatic, and an individual's ability to recall the events may be limited;
- recognize that an individual has the right to self-identify as a Survivor/Victim or to use any other term that they feel identifies their experience.

A First Responder may inform Human Resources or Program Manager, Violence Reduction + Incident Response about receiving a Disclosure without sharing the identity of the Survivor/Victim making the Disclosure if they do not have the consent of the Survivor/Victim, and without sharing the identity of the Respondent, except in such cases where it is determined that:

1. There is a likelihood of a person endangering self or others.
2. There is abuse of a minor indicated; and/or
3. There is a legal proceeding, and the adjudicative body subpoenas any area that may hold responsive records.

Survivors/Victims should be advised of the policy and these procedures and be informed of the available resources. Members of the University community should refer a Survivor/Victim to the appropriate resources – see **Appendix B - INFORMATION / SUPPORT / SERVICES PAGE**. Confidentiality cannot be guaranteed; however, discretion will be exercised to the maximum degree possible to protect the anonymity of all parties involved.

Recognizing that employees responsible for responding to disclosures may experience vicarious trauma, at their discretion, employees can consult with Human Resources and direct supervisors for appropriate supports.

APPENDIX D – THIRD-PARTY + ANONYMOUS REPORTING

A third party could be a witness, a friend, co-worker, someone who received a disclosure or any other person. To move forward with a third-party statement, you must have the consent of the survivor or person impacted by sexualized violence to proceed. A member of the Threat Assessment Team can provide formal support to Survivors/Victims in submitting a third-party statement.

The Threat Assessment Team is comprised of the following roles:

1. Coordinator, Student Rights, Responsibility + Safety
2. Executive Director, Student Engagement, Retention + Success
3. Registrar & Executive Director of Enrolment
4. Vice-Provost, Students
5. Manager, Safety, Security + Emergency Management
6. Associate Vice-President, Human Resources + Privacy Officer

Third-party statements and anonymous reports can be submitted to a member of the Threat Assessment Team for review by Threat Assessment Team. Third-party reports should contain the following:

- What act(s) took place?
- Where did the act(s) take place?
- When did the act(s) take place?
- How did the third-party learn of, or witness, the act(s)?
- What is the third-party's contact information for future follow-up?

The University may be limited in what actions they can take or if an investigation can take place based on the information available. Third-party and anonymous reports will be used to;

1. ensure the University is maintaining a duty of care, by determining if there are safety concerns for the campus community;
2. identify whether an occupational health and safety assessment, violence threat-risk assessment or other type of investigation(s), including conduct investigation can be launched, and;
3. compile statistics wherever possible.

What to do if a Member of the Emily Carr Community witnesses an act of Sexual and Gender-based Violence and Misconduct.

If a University employee witness acts of Sexual and Gender-based Violence and Misconduct, they should determine whether individuals are in distress requiring emergency services and if so, they should immediately contact emergency services (911 and Campus Security) and employees must report the incident to the Threat Assessment Team.