

Note:

1. This form is for filing disclosures against students under the Student Code of Community Standards or the Residence Life Code of Conduct. For complaints against faculty or staff, please contact Mount Allison's Human Resources Department at hr@mta.ca.
2. Any member of the University community (e.g. student, staff, faculty) may file a disclosure against a student. Students are held accountable for their behaviour on University premises, when acting as University delegates or designated representatives away from campus, when using social media platforms, and during their participation in off-campus trips and events that are organized or sanctioned by the University.
3. Submission of a Conduct Disclosure Form will generate an intake meeting to discuss the needs or concerns and initiate an assessment and case management response.
4. Disclosures must generally be made within one academic year for processing.
5. Disclosures can not be anonymous.

Instructions:

1. Use the fields in this form to provide as much detail about the nature of the disclosure.
2. Sign and date the form (Page 3).
3. Send the form as an email attachment to studentlife@mta.ca or drop it off at the Student Life Office (2F, Wallace McCain Student Centre)

A. Disclosure Information

The person making the disclosure (generally the person directly affected by the situation). For additional disclosures, please use Section D (Misc. Additional Information)

Complainant (Full Name)	
Email	Contact Telephone

- ☐ I am the person directly affected by the situation.
 ☐ I am submitting the complaint on behalf of the person/people directly affected by the situation.
 ☐ The same person/people are aware that I am submitting this complaint on their behalf.

B. Respondent Information

The person/people whose conduct is the subject of the complaint (referred to as the "Respondent"). Use reverse for more space / additional respondent.

Respondent #1 (Full Name)	Date of Incident / Event (YYYY/MM/DD)
Nature of the Complaint	

Conduct Disclosure Form

Respondent #2 (Full Name)	Date of Incident / Event (YYYY/MM/DD)
Nature of the Complaint	

C. Witnesses

Names of other people who were present/involved and may be able to provide more information about the substance of the complaint.

Witness #1	MTA Student <input type="checkbox"/> YES <input type="checkbox"/> NO
Email	Contact Telephone

Witness #2	MTA Student <input type="checkbox"/> YES <input type="checkbox"/> NO
Email	Contact Telephone

Witness #3	MTA Student <input type="checkbox"/> YES <input type="checkbox"/> NO
Email	Contact Telephone

Witness #4	MTA Student <input type="checkbox"/> YES <input type="checkbox"/> NO
Email	Contact Telephone

D. Misc. Additional Information

Use this section to add any information not otherwise recorded in the preceding sections.

Supporting Documentation

Additional supporting documentation + evidence may be submitted/attached as part of the complaint.

Signature:

To the best of my knowledge and recall, I declare this is a truthful summary of the details leading to the complaint.

Signature

Date

FOR INTERNAL PURPOSES ONLY:

Complaint Submission Details

Submission Date (YYYY/MM/DD)	Submission Time ○ AM ○ PM
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Complainant Information

Student Name		Student Number
Student Email (MTA)	Contact Telephone	
<input type="checkbox"/> On-Campus Residence: _____ Room # _____	<input type="checkbox"/> Off-Campus Address: _____	
Date Contacted	Date Met	
Case Manager	Signature	

Respondent Information

Student Name		Student Number
Student Email (MTA)	Contact Telephone	
<input type="checkbox"/> On-Campus Residence: _____ Room # _____	<input type="checkbox"/> Off-Campus Address: _____	
Date Contacted	Date Met	
Case Manager	Signature	