



SEXUAL MISCONDUCT PROCEDURES, CHECKLIST AND RESPONSE PLAN

STUDENT COMPLAINANT 12 YEARS AND OVER

If the student discloses abuse by a parent or guardian (or if there is suspected abuse) report the situation immediately to the Ministry for Children and Families at 1-800-663-9122.

Note: The person disclosing they have experienced sexual misconduct is the complainant and the person whom the allegations are made is the respondent.

Complainants Name:		School:	
Date of Birth:		Indigenous:	
Grade:		Designation Category:	
Age:		Date of Incident:	
Gender:		Incident Location:	
Parent/Guardian:		Parent/Guardian:	
Address:		Address:	
Phone #:		Phone #:	

Procedures:

Once a report of sexual misconduct is received, The Principal or Supervisor **must** complete this Appendix- ***Sexual Misconduct Procedures, Checklist and Response Plan: Students Under 12 years of Age*** and submit to the Director in Student Support Services.

1. Complete other processes, such as Worrisome Behavior / VTRA as advised by the Director of Student Support Services.

The District employee who receives the report will act in the following manner:

1. Be there for the complainant in a supportive capacity;
2. Provide compassion and understanding. Recognize the complainant may have difficulty remembering details and may be delayed in coming forward with the allegations. This is normal when a traumatic event has occurred;

3. Listen without judgement;
4. Respect the rights of the complainant to choose the services they feel are appropriate, including their decision to make a report to the police. As the complainant is a student the district is obligated to report to police and to MCFD.
5. Let the complainant, respondent, third party witnesses know of their rights to and responsibility for confidentiality. Advise them that while their information is confidential, the school district is obligated to share it with certain agencies or persons such as the RCMP, MCFD, and parent/guardians (as appropriate).



Administrative Checklist

Immediate Action by Principal or Designate

Actions to take	Notes/Phone Numbers	Done
Receive/gather facts and basic information from the Complainant and Respondent.		<input type="checkbox"/>
Ensure the safety of the Complainant and determine if medical attention is required.	Call 9-1-1 or local police if urgent and /or medical attention is required	<input type="checkbox"/>
Develop a Response Plan for the Complainant and do not return the Complainant or the Respondent(s) to class until this has occurred.		<input type="checkbox"/>
Determine if the student has an Indigenous ancestry and inform the District Principal of Indigenous Education		<input type="checkbox"/>
Contact the Safe School Coordinator who is responsible for responding to critical incidents to determine appropriate protocols.		<input type="checkbox"/>
Contact the Director of Student Support Services to determine appropriate protocols.		<input type="checkbox"/>
Contact the parent/guardian of the Complainant		<input type="checkbox"/>
Contact the parent/guardian of the Respondent		<input type="checkbox"/>
Follow the local Trilateral Protocol on child abuse and neglect		<input type="checkbox"/>
Contact the RCMP or local police School Liaison Officer or local police/RCMP detachment		<input type="checkbox"/>
Contact the Ministry for Children and Families or Delegated Authorized Agency (Contact Local Office, or Centralized Screening) if a parent of guardian is the respondent or for supports for the complainant	MCFD: 1-800-663-9122	<input type="checkbox"/>



Supports and Ongoing/ Follow up Procedure

Actions to take	Notes/Phone Numbers	Done
Refer the Complainant to a School Based Counsellor		<input type="checkbox"/>
Refer the Respondent to a School Based Counsellor		<input type="checkbox"/>
Discuss with Parent/Guardian community services available such as those through CYMH, Sexual Assault Support through qathtet SAFE and victim services (be aware this is not an exhaustive list)		<input type="checkbox"/>
Provide the Complainant and the Respondent's Parent/Guardian with a link or hard copies of the School District's policies and processes.		<input type="checkbox"/>
Provide the Parent/Guardian with your contact information and establish meeting times (in person or by telephone) for ongoing communication.		<input type="checkbox"/>
Provide an overview of any additional internal processes, such as a VTRA for Respondents, to develop intervention plans.		<input type="checkbox"/>
Provide information on how a process can be appealed within the district.		<input type="checkbox"/>
Monitor the Complainant's response plan.		<input type="checkbox"/>
Continue to make contact with the Complainant and their family. Schedule a follow up meeting.		<input type="checkbox"/>
Continue to make contact with the Respondent and their family.		<input type="checkbox"/>



School & Community Action Plan

Specifics of the School and Community Plan:

Immediately notify Parent/Guardian(s) of all students involved (Mandatory)	<input type="checkbox"/>
Liaise with Safe Schools Coordinator if appropriate. Consult with district team if needed	<input type="checkbox"/>
Notify school staff directly involved with plan implementation	<input type="checkbox"/>
Alternate pick up/drop off times or locations, recess, lunch times or locations	<input type="checkbox"/>
Informed consent to share this plan with involved professionals as parent/guardian deems necessary and appropriate	<input type="checkbox"/>
Assign seating and have student line up in proximity to teacher/EA	<input type="checkbox"/>
Modify schedule	<input type="checkbox"/>
Alternate classroom environment	<input type="checkbox"/>
Plan to continue to increase connectedness at school	<input type="checkbox"/>
Consult with RCMP	<input type="checkbox"/>
If appropriate connect student with RCMP	<input type="checkbox"/>

Date of Plan: _____



Individuals Involved in Developing Response Plan

Principal or Vice Principal Name:
Classroom Teacher Name:
School & Family Consultant Name:
Parent/Guardian Name:
Parent/Guardian Name:
Other/Agency Name:
Other/Agency Name:
Other/Agency Name:

List other staff/positions that may need to participate in the implementation of this response plan:

Response Plan review date/time/location: _____