



UNIVERSITY OF TORONTO

University of Toronto
Governing Council

Policy on Sexual Violence and Sexual Harassment

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DEFINITIONS AND INTERPRETATION

Where the singular is used in this *Policy*, it should be interpreted as applying to the plural, as applicable.

The following definitions are intended to assist in the interpretation of this *Policy*, as well as other related University policies:

Affiliated Site: A hospital or research institution with which the University has an affiliation agreement that explicitly commits both the University and the other institution to following the *Protocol on Sexual Violence and Sexual Harassment Complaints involving Faculty Members and Students of the University of Toronto arising in Independent Research Institutions, Health Care Institutions and Teaching Agencies* for determining the jurisdiction and process with respect to sexual violence and/or harassment complaints arising at the Affiliated Site involving a Member of the University Community.

Centre: The University of Toronto Sexual Violence Prevention and Support Centre.

Complainant: A Member of the University Community who has made a Disclosure or Report of an Incident of Sexual Violence experienced by that individual.

Consent: The voluntary agreement of an individual to engage in a sexual act. Consent is voluntary, clearly communicated, positive, active, and ongoing, and can be revoked at any time. Consenting to one kind of sexual act does not mean that consent is given for another sexual act or kind of activity. Consent is NOT obtained where a person is incapable of consenting – for example due to intoxication, or where a person is induced to engage in the activity by someone abusing a position of trust, power or authority. It is not a defence to an allegation of Sexual Violence that the Respondent believed, in the absence of Consent that was voluntary, clearly communicated, positive, active, and ongoing, that the Complainant consented to the activity that forms the subject matter in a Report.

Disclosure: The sharing of information by an individual with a Member of the University Community regarding an Incident of Sexual Violence experienced by that individual.

Facilitated Resolution Process: As described in Section VIII F, this term refers to a non-disciplinary process that attempts to resolve the matters alleged in a Report with the assistance of a neutral facilitator through a facilitated process that is agreed to by both the Complainant and the Respondent.

Gender Expression: How a person publicly presents their gender. This can include dress (clothing), hair, grooming, body language/mannerisms, and voice. A person's chosen name and pronouns are also common ways of expressing gender.

Gender Identity: A person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may or may not correspond to the sex assigned to them at birth.

Incident of Sexual Violence: Includes any instance of Sexual Violence, including Sexual Harassment and all associated definitions provided herein.

Intimate Partner Violence: An act within an intimate relationship, whether the act is physical or psychological in nature, that causes physical, sexual or psychological harm. This can include acts of physical aggression, assault, sexual assault, sexual coercion, psychological abuse and controlling behaviours. This definition covers violence by both current and former intimate partners.

Member(s) of the University Community: Includes students, learners, faculty members, librarians, post-doctoral fellows, postgraduate medical residents, clinical fellows, and all employees of the University of Toronto. For clarity, the term “faculty members” incorporates all types of faculty members including clinical, adjunct, status-only, retired, and visiting faculty.

- **Procedural Fairness:** Procedural Fairness is an obligation owed to a Respondent of a Report. It requires that steps be taken to make sure that before someone faces negative consequences (e.g., discipline) because of a Report against them, they understand sufficient details about the allegations to be able to provide their response, and that they have an opportunity to provide their response to the Report should they wish. Sufficient details generally include the identity of the individual who has made the Report and information about the alleged Incident of Sexual Violence. Procedural Fairness generally also includes: the right to an impartial decision maker;
- the opportunity to have the parties’ views considered by the people making the decision; and
- the right to a decision and a rationale for that decision.

Procedural Fairness is a specific legal term and is distinct from the general right to a fair process and procedural protections set out in this *Policy*, that apply to both the Complainant and the Respondent.

Reporting: The sharing of information by an individual with the Centre or Campus Safety regarding an Incident of Sexual Violence experienced by that individual, with the intention of initiating one of the processes set out in this *Policy*, which could result in disciplinary action being taken against the Member of the University Community alleged to have committed Sexual Violence. A **Report** from a Complainant containing information regarding an Incident of Sexual Violence initiates the Reporting process.

Reprisal: Any action – including through professional, social, or technological means – that imposes negative consequences against a Complainant to penalize them for Disclosing or Reporting Sexual Violence under this *Policy*, or against any participant, such as a Complainant, Respondent, or witness, to penalize them for sharing information with the University about an Incident of Sexual Violence and/or their participation in any stage of any process initiated by a Report. A threat of an act of Reprisal will be considered an act of Reprisal. The term “Reprisal” can be used interchangeably with the term “retaliation”.

Respondent: Someone against whom an allegation of Sexual Violence has been made.

Sexual Violence: Any sexual act or act targeting a person’s sexuality, Gender Identity or Gender Expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person’s Consent, and includes Sexual Assault, Sexual Harassment, stalking, indecent exposure, voyeurism, Gender-based Harassment or Gender-based Violence, and sexual exploitation. Sexual Violence can occur in

any format including in writing, in person, by voice, and/or through the use of technology (“Tech-facilitated Sexual Violence”).

Gender-based Harassment: Includes but is not limited to engaging in a course of vexatious comment or conduct related to a person’s sex, , sexual orientation, Gender Identity or Gender Expression that is known or ought reasonably to be known to be unwelcome.

Gender-based Violence: Violence committed, threatened, or attempted without Consent, targeting an individual because of their sex, sexual orientation, Gender Identity, or Gender Expression. It includes assault, Sexual Assault, harassment, stalking, indecent exposure, abuse through the use of technology (see definition of Tech-facilitated Sexual Violence below).

Sexual Assault: Any form of sexual contact without a person’s Consent, including the threat of sexual contact without Consent. A Sexual Assault can range from unwanted sexual touching to forced penetration; and a Sexual Assault can involve situations where sexual activity is obtained by someone abusing a position of trust, power, or authority.

Sexual Harassment: Includes but is not limited to engaging in a course of vexatious comments or conduct that is known or ought to be known to be unwelcome. For the purpose of this *Policy*, Sexual Harassment includes workplace sexual harassment. Sexual Harassment includes any sexual solicitation or advance made by a person in a position to confer, grant or deny a benefit or advancement to the person where the person making the solicitation or advance knows or ought reasonably to know that it is unwelcome. Sexual harassment also includes a Reprisal for rejecting a sexual solicitation or advance, where the Reprisal is made by a person in a position to confer, grant or deny a benefit or advancement to the person.

Tech-facilitated Sexual Violence: Acts of Sexual Violence that are conducted through the use of technology, including but not limited to any of the following:

- Cyber stalking
- Cyber voyeurism
- Sextortion
- Knowingly creating, publishing, distributing, transmitting, selling, making available, or advertising an intimate image of a person or their likeness knowing that the person depicted in the image did not give their Consent to that conduct, or being reckless as to whether or not that person gave their Consent to that conduct. An intimate image is a visual recording of a person or their likeness made by any means, including real, AI-generated, or digitally altered photographs or video recordings, in which the person is in a state of nudity and/or engaged in sexual activity.

STATEMENT OF COMMITMENTS AND ACKNOWLEDGEMENTS

1. All Members of the University of Toronto (“the University”) Community should have the ability to study, work, and live in a campus environment free from Sexual Violence, including Sexual Assault and Sexual Harassment.
2. Sexual Violence is a serious issue that undermines the health, well-being, and security of individuals, communities, and society. Addressing the causes and consequences of Sexual Violence requires the deliberate and collective efforts of governments, institutions, and members of a society.
3. The University recognizes that individuals who have experienced Sexual Violence experience a range of impacts, including trauma, that can profoundly affect their lives.
4. The University is committed to responding to and addressing Incidents and Reports of Sexual Violence involving Members of the University Community, and to ensuring that those Members of the University Community who are affected by Sexual Violence receive support.
5. In implementing this *Policy*, the University is committed to providing a trauma-informed approach and process.
6. The University recognizes that Sexual Violence can occur between individuals regardless of sex, sexual orientation, Gender Identity or Gender Expression, or relationship status.
7. The University recognizes the intersection of Sexual Violence with other forms of violence and harm, including discrimination and harassment on the grounds set out in the Ontario *Human Rights Code*. The University recognizes that individuals from marginalized communities are often disproportionately affected by Sexual Violence.
8. Sexual Violence can be committed against any person and is an issue that requires an inclusive response. The University recognizes that Sexual Violence intersects with other forms of violence and harm based on identity, and in particular, that Sexual Violence is overwhelmingly committed against women, and trans and nonbinary people, and especially those who experience the intersection of multiple identities such as those who are Indigenous, people with disabilities, and racialized. Additionally, the University recognizes that those whose Gender Identity and/or Gender Expression does not conform to historical gender norms, as well as those who are marginalized on the basis of sexual orientation, are also at increased risk of Sexual Violence.
9. The University is committed to making every reasonable effort to ensure the steps provided for under this *Policy* are completed as expediently as possible. The University acknowledges, however, that time frames will vary depending on the circumstances involved, and that flexibility is required in a trauma-informed approach.

10. The University is committed to providing accommodations where required to support the parties to a Report in continuing to participate in the University community as appropriate in the circumstances.
11. The University is committed to sharing information with a Complainant and a Respondent to a Report, as set out in this *Policy*.
12. The University recognizes that power dynamics are inherent in institutions of higher learning. Power dynamics may impact the ability of a party with inherently less power to decline sexual advances from a party with greater power. The University is committed to appropriately accounting for these dynamics in the processes set out in this *Policy*.
13. The University will not tolerate Reprisals against anyone who makes a Disclosure or Report of an Incident of Sexual Violence, or who participates in a University process that is addressing allegations of Sexual Violence against a Member of the University Community.
14. The University is committed to making available programs and resources to educate its community on the prevention of and response to Sexual Violence.

I. APPLICATION AND SCOPE

15. This *Policy* applies to all Members of the University Community. All Members of the University Community will be offered appropriate support with respect to issues of Sexual Violence, regardless of their role in the University or the role of the person against whom an allegation is made. An online navigation tool is available to provide more information about this *Policy* to Members of the University Community.
16. Notwithstanding that the definition of Complainant under this *Policy* requires being a Member of the University Community, if a former Member of the University Community wishes to make an allegation of an Incident of Sexual Violence that occurred while both they and the Respondent were Members of the University Community, they should contact the Centre to discuss any options the University may have in the circumstances to review the allegation which may include proceeding under this *Policy*.
17. This *Policy* relies on a centralized system of Reporting, investigation and decision-making for Reports of Sexual Violence in order to avoid actual or perceived conflicts of interest or reasonable apprehension of bias, to preserve privacy, to minimize risk of Reprisal, and to ensure coordination and consistency across all academic divisions, campuses, and institutional services.
18. The Reporting procedure and the processes it initiates apply to all Incidents of Sexual Violence in which both the Complainant and the Respondent are Members of the University Community, regardless of whether the event occurred on campus, off campus, or facilitated by technology.

19. Support will be made available under this *Policy* to individuals who are Members of the University Community who disclose an Incident of Sexual Violence regardless of whether the Sexual Violence was committed by a Member of the University Community.
20. In relation to acts of Intimate Partner Violence, only acts that include physical assault of the Complainant and/or acts that are sexual in nature that otherwise amount to Sexual Violence shall be within the scope of this *Policy*. For information about support in the context of Intimate Partner Violence, please see paragraph 37. Although not all forms of Intimate Partner Violence constitute sexual violence, for the purposes implementing this *Policy*, the phrase “Incident of Sexual Violence” shall include an incident of Intimate Partner Violence as set out in this paragraph.

II. CONFIDENTIALITY AND PRIVACY

21. The University will treat Disclosures and Reports of an Incident of Sexual Violence in a confidential manner and in accordance with the *Freedom of Information and Protection of Privacy Act*.
22. The University will limit sharing of information within the University to those who need to know the information for the purposes of implementing this *Policy* and/or other University policies, including providing support, accommodation, interim conditions and interim measures, and the investigation and decision-making processes; and taking corrective action resulting from those processes.
23. The University will maintain a protocol on record-keeping related to Sexual Violence Reports. The Office of Safety and High Risk will maintain a confidential database of Reports received.
24. Where a Complainant wishes to make a Report, fairness to the Respondent will generally require sharing of the Complainant’s identity and the relevant allegations being made. The University will advise a Complainant before it shares this information with the Respondent.
25. Confidentiality cannot be maintained in exceptional circumstances, such as when information needs to be disclosed in order to address a risk to the health and safety of Members of the University Community or where the University is obliged by law to disclose the information. For example, confidentiality cannot be maintained where:
 - a) An individual is at risk of imminent and serious harm to themselves or others;
 - b) A Member of the University Community may be at risk of harm;
 - c) Reporting or investigation is required by law (for example, obligations to report to a Children’s Aid Society, or obligations under the *Occupational Health and Safety Act*, or the protection of rights under the *Human Rights Code*);
 - d) An affiliation agreement requires sharing information about residents, clinical fellows or clinical faculty, or students on a health sector placement, with an Affiliated Site. In such cases, the affiliation agreement may require the sharing of allegations, investigation results and/or corrective action that has been or will be

- taken;
 - e) Information must be disclosed to a professional regulatory body. In such cases, information regarding allegations, investigation results and/or corrective action may be disclosed;
 - f) Disclosure or Report is made to Campus Safety of an Incident of Sexual Violence that potentially violates the *Criminal Code of Canada*, which, notwithstanding paragraph 27, may require sharing information with the applicable municipal police force; or
 - g) Legal disclosure is required in the context of a court or tribunal hearing.
26. The University recognizes the harm caused by the creation and posting of intimate images without consent, and will implement protocols for the confidential retention and destruction of such images when shared with the University for the purposes of this *Policy*.

III. PRINCIPLES RESPECTING PROCESS

27. A person who has made a Disclosure and/or a Report of Sexual Violence has autonomy in making decisions regarding to whom to Disclose, whether to Report, whether to pursue recourse to the criminal or civil justice systems, and whether to access support and accommodations as described in paragraphs 67, 68, 69 and 70.
28. In the event that both a Reporting process and a criminal process are occurring regarding the same Incident of Sexual Violence, the University may decide to temporarily pause a process under this *Policy*. In making this decision, it will seek and consider the views of the Complainant and Respondent. In the event the University decides to temporarily pause the process, it will revisit this decision as circumstances change and inform the Complainant and Respondent if and when a decision is made to end the pause. Similarly, the University may also decide to pause a process under this *Policy* where a regulatory process is taking place regarding the same Incident of Sexual Violence.
29. The University is committed to the provision of a fair process for Complainants and Respondents and one that respects Procedural Fairness for Respondents.
30. The University is committed to reducing barriers to Disclosure and Reporting of incidents of Sexual Violence. In that regard,
- a) Complainants will not be asked to repeat their accounts more than necessary for the implementation of this *Policy*; and
 - b) Complainants who make a Disclosure or Report about Sexual Violence will not be subject to discipline or sanction under the *Code of Student Conduct* or any other University policy for drug or alcohol use at the time of the alleged Sexual Violence.
31. The University process will appropriately accommodate the needs of Members of the University Community who are affected by Sexual Violence.

32. The University will provide regular updates to the Complainant and Respondent about the status of any process under the *Policy* initiated following a Report.
33. The University will respond to Disclosures and/or Reports of Sexual Violence fairly and expeditiously and will strive to conclude a process, including decision-making where applicable, within no more than 12 months from the date a completed Report is received by the University. For clarity, this timeline does not include *Code of Student Conduct* hearings for students, or adjudication (e.g. grievance processes) following decision-making.
34. The Office of Safety and High Risk may delegate any of its decision-making and/or processes under this *Policy* to another appropriate office, including without limitation, the Workplace Investigations Office, the Office of the Vice-Provost Faculty & Academic Life, the Office of the Vice-President People, Strategy, Equity & Culture, or the Office of the Vice-Provost, Students.

IV. EDUCATION, SUPPORT, AND RESOURCES

35. The University provides support to Members of the University Community who have experienced Sexual Violence and to those who receive a Disclosure or Report of an Incident of Sexual Violence. See paragraphs 67, 68, 69 and 70.
36. The University has established the Centre with a tri-campus presence. The Centre has a mandate to conduct intake, accept Disclosure and Reporting of Sexual Violence, and provide support to individual Members of the University Community who have experienced Sexual Violence. The Centre will also provide education and training to Members of the University Community with respect to how to respond to Disclosures of Sexual Violence and how to support Complainants.
37. Members of the University Community experiencing Intimate Partner Violence may seek support from the University even if the Intimate Partner Violence does not amount to Sexual Violence or otherwise fall within the scope of this *Policy*. The complexities of Intimate Partner Violence often require multiple forms of support including University safety resources along with external community supports. The Centre will provide support in identifying and accessing resources that may apply in a specific situation.
38. The University provides Sexual Violence education and prevention education for all Members of the University Community, including training on this *Policy* and awareness programs about Sexual Violence and personal safety.
39. The University provides education and training on this *Policy* to Members of the University Community, as well as to contractors and members of the Governing Council of the University, who are likely to receive Disclosures or Reports to support those who Disclose with dignity and compassion and to inform them of their options in a safe and supportive manner.

40. The University provides support to Members of the University Community who have had an allegation of Sexual Violence made against them. When the Office of Safety and High Risk advises the Respondent of allegations made against them, the Office of Safety and High Risk will identify a support person (who may in turn refer to further supports) and/or available supports that are applicable in the circumstances. Supports for Respondents will include counselling and other resources internal and external to the University.
41. While support to Respondents is not provided through the Centre, the Centre has a mandate to advise on appropriate educational initiatives related to Respondents, and to provide education to Respondents, ensuring there is no conflict with support being provided to a Complainant and in keeping with the commitment to confidentiality under this *Policy*.
42. The University will provide mandatory training, including about trauma-informed practices, to all key individuals who are directly involved in implementing the *Policy* and related processes.

V. SAFETY, REPRISALS, INTERIM CONDITIONS AND INTERIM MEASURES

43. In cases where the Complainant has safety concerns, the Centre is available to facilitate safety planning and/or direct the Complainant to appropriate resources and services within and outside the University. In addition, where any participant in a process under this *Policy* has safety concerns, they may raise them with the Office of Safety and High Risk, which will coordinate the provision of available safety planning and/or direct them to appropriate resources and services within and outside the University.
44. Confidential counselling and support will be made available as quickly as practicable to any Member of the University Community who experiences an Incident of Sexual Violence.
45. The University will not tolerate any Reprisal against anyone who Discloses or Reports an Incident of Sexual Violence, or who participates in a University process that is addressing allegations of Sexual Violence against a Member of the University Community.
46. The University will take reasonable steps to protect Complainants and others who participate in a process under this *Policy* from Reprisal, including: advising individuals in writing of their duty to refrain from committing an act of Reprisal, and sanctioning individuals for a breach of that duty. The University may also provide measures of accommodation or impose interim conditions or interim measures appropriate in the circumstances to minimize opportunities for Reprisals.
47. Interim conditions and interim measures, including those provided for under and in accordance with other University policies such as the *Code of Student Conduct*,

collective agreements, employment agreements, and human resources policies and guidelines, are non-disciplinary and may include, but are not limited to, the following:

- For students: separation of parties, class and/or schedule changes, housing changes, and in some cases, restriction of the Respondent from University property (or parts of property) or temporary suspension of the Respondent through the processes set out in the *Code of Student Conduct*;
 - For employees: making changes that are precautionary to avoid contact between parties such as schedule or work location changes, and/or in some cases, restriction of the Respondent from University property (or parts of property) or temporary administrative leave of the Respondent.
48. The University may impose, and if applicable, vary, interim conditions and/or interim measures any time after a Report is made until the end of a process under this *Policy*. If the same or similar measures are to be imposed after the process has concluded, they will be imposed as (part of) the outcome of the matter and in accordance with any applicable University policy.
49. If a Complainant is of the view that a Reprisal or breach of an interim condition or interim measure has or may have taken place, they should advise their support person at the Centre and/or the Office of Safety and High Risk at the earliest opportunity. Any other participant experiencing such an act should bring it to the attention of the Centre and/or the Office of Safety and High Risk at the earliest opportunity.
50. Reprisals or breaches of interim conditions or interim measures will be assessed by the Office of Safety and High Risk in a parallel process to that set out in paragraph 88.
51. If the Office of Safety and High Risk makes the determination that the alleged act does not appear to constitute a Reprisal or breach of interim conditions or interim measures, the individual who made the allegation may seek a review of that decision by making a request in writing within 30 calendar days of the decision to the Vice-President and Provost or designate or to the Vice-President, People Strategy, Equity & Culture or designate, who will review the matter and advise the individual of their decision in writing within 30 calendar days.
52. If the Office of Safety and High Risk makes the determination that the alleged act could constitute a Reprisal or breach of interim conditions or interim measures, the allegation may be handled in one or more of the following ways:
- a) An allegation of Reprisal by a Respondent during a process under this *Policy* will be treated as a new Incident of Sexual Violence and may be included in an investigation under this *Policy*.
 - b) An allegation of a breach of interim conditions or interim measures during a process under this *Policy* may be treated as a new Incident of Sexual Violence and may be included in an investigation under this *Policy*.
 - c) The Office of Safety and High Risk may refer the allegation to another University policy or process, as applicable.

- d) The University may, as set out in paragraph 48, impose new, or vary existing, interim conditions and/or interim measures. The University may reiterate and reinforce existing interim conditions and/or interim measures.
 - e) The University may determine that no further steps will be taken.
 - f) A breach of an interim condition or interim measure may meet the definition of Reprisal and be treated as such.
53. If a determination is made that a Reprisal or breach of interim conditions or interim measures occurred, the following apply:
- a) A Reprisal by any participant in a process under this *Policy* may be treated as a disciplinary matter pursuant to the applicable process depending on their relationship with the University.
 - b) A Reprisal or breach of an interim condition or interim measure may result in the University, as set out in paragraph 48, imposing new, or varying existing, interim conditions and/or interim measures. The University may reiterate and reinforce existing interim conditions and/or interim measures.
 - c) A Reprisal or breach of an interim condition or interim measure by a Respondent that was the subject of investigation under this *Policy* will be considered pursuant to section E of this *Policy*.
54. In the event that the University temporarily pauses a process under this *Policy*, interim conditions or interim measures may be imposed, amended, and continued despite the pause.

VI. ACCESSING THE *POLICY*: DISCLOSURE AND REPORTING

55. Disclosure and Reporting are separate actions that the Complainant can choose to take.
56. Disclosure is the sharing of information by an individual with a Member of the University Community regarding an Incident of Sexual Violence experienced by that individual.
57. Reporting is the sharing of information by an individual with the Centre or Campus Safety regarding an Incident of Sexual Violence experienced by that individual, with the intention of initiating one of the processes set out in this *Policy*, which could result in a disciplinary action being taken against the Member of the University Community alleged to have committed Sexual Violence.
58. In most circumstances, Complainants will initiate the Reporting process at the Centre. If a Complainant makes a Disclosure elsewhere at the University, they should be directed to the Centre. In emergencies, where the safety or health of the Complainant may be at risk, the Complainant will be directed to make a Report to Campus Safety.

59. A Member of the University Community who witnesses an Incident of Sexual Violence affecting another Member of the University Community should contact the Centre or Campus Safety immediately.
60. The University recognizes that an individual who has experienced an Incident of Sexual Violence may require time and reflection before making the decision as to whether or not they wish to make a Report of the Incident. Notwithstanding those considerations, individuals who have experienced an Incident of Sexual Violence are encouraged to make a Disclosure and/or Report as soon as they are able to do so, recognizing that the passage of time may affect the University's ability to address the issues raised by a Disclosure or a Report.

VII. DISCLOSURE

61. A Disclosure does not result in a Report being made and does not initiate a process to address the Incident of Sexual Violence. The decision to Disclose and the decision to Report are separate decisions.
62. The University respects a Complainant's right to choose whether and how to pursue action related to an Incident of Sexual Violence. In the absence of a Report, except as otherwise provided for in this *Policy*, a Disclosure will usually result in no further action against a potential Respondent.
63. A Disclosure can be made to any Member of the University Community. A Disclosure may relate to a Respondent who is or is not a Member of the University Community.
64. The Centre is the first point of contact for a Member of the University Community affected by an Incident of Sexual Violence to obtain academic, employment, or other accommodations and services. A Member of the University Community who receives a Disclosure should inform the Complainant about this *Policy* and direct them to the Centre.
65. The University recognizes that such Disclosures are often shared in confidence, that the Complainant may have an expectation of confidentiality, and that in many cases confidentiality is essential in order for Complainants to come forward. The person to whom the Disclosure is made may consult with the Centre for advice but except as directed by the Complainant or as indicated by the provisions in the "Confidentiality and Privacy" section of this *Policy*, is expected to hold such information in confidence.
66. Members of the University Community outside of the Centre who receive a Disclosure of an Incident of Sexual Violence and who receive the Complainant's permission to do so can provide to the Centre the name and contact information of the person who made the Disclosure and the date of the Disclosure to them for follow-up support and services.
67. The University will make support and services, including counselling, access or referrals to medical, legal or other services, and academic and other accommodations,

available to Members of the University Community who Disclose having been affected by an Incident of Sexual Violence. Persons affected by an Incident of Sexual Violence should contact the Centre to obtain such support and services.

68. A Complainant is not required to make a Report about an Incident of Sexual Violence in order to obtain the support and services or accommodations referred to in this *Policy*.
69. The Centre will make support staff available by phone, email, or through Campus Safety on a 24/7 basis. These staff members can provide guidance and support to a Complainant through the process of Disclosure and/or Reporting.
70. The Centre can, on a confidential basis, consult or seek the assistance of other internal personnel or resources of the University to facilitate the safety, follow-up, and support of those involved in a Disclosure of Sexual Violence.

VIII. REPORTING

A. REPORTING PROCESS

71. To initiate a Report under this *Policy*, the Complainant should contact the Centre.
72. In case of emergency, an individual who has experienced Sexual Violence can contact 911 or Campus Safety, the latter of which is in turn required to inform the Centre as well as municipal police services. In the event 911 has been contacted due to an emergency, a Report under this *Policy* can also be made at a later date.
73. Reporting can be initiated in person, virtually, by phone, or online. A Complainant can also request that the Centre staff file a Report on their behalf to reduce the number of times they have to tell their story.
74. A Report under this *Policy* will include at least the following information: the name and contact information of the individual making the Report (the Complainant); the name, if known, and/or identifying information of the individual against whom the Report is being made (the Respondent); and a summary of the incident alleged to constitute Sexual Violence including to the extent possible the date, time and location of the incident.
75. The University has the jurisdiction to investigate Reports of Sexual Violence made against a Member of the University Community under this *Policy*.
76. The University does not have the jurisdiction to address allegations made against a person who is not a Member of the University Community. However, in the event of such allegations, the University will provide support to Complainants who are Members of the University Community (see section entitled “Education, Support, and Resources”) and may be able to take measures such as restricting access to campus by the person against whom allegations are made.

77. A Complainant is not precluded from reporting an Incident of Sexual Violence to municipal police services if they have filed a Report about the Incident of Sexual Violence under this *Policy*. A Complainant is not precluded from filing a Report about an Incident of Sexual Violence with the University if they have reported the incident to municipal police services. A Complainant may choose to report to one or the other, to neither or to both.
78. Once a Complainant has made a Report of an Incident of Sexual Violence under this *Policy*, the Complainant has initiated the University's Reporting process. The intention of this *Policy* is for the Reporting process and each of its steps to be completed as expeditiously as practicable.
79. A Complainant making a Report may, at the time of submitting their Report, indicate if they have a preference for an investigation or a Facilitated Resolution Process.
80. At the time of the notification of a Report, the Respondent will be made aware of the supports that are available to them.
81. Both the Complainant and the Respondent have the right to be accompanied by a support person and a union, association, or legal representative at any point during the Reporting process and subsequent processes under this *Policy*. The support person and union, association, or legal representative, whether or not Members of the University Community, are expected to adhere to the provisions outlined in the "Confidentiality and Privacy" section of this *Policy*.
82. Confidentiality requirements may change once the Complainant or the University decides to Report under this *Policy*. In addition to the provisions outlined in the "Confidentiality and Privacy" section of this *Policy*, all Members of the University Community who are involved in receiving a Report of an Incident of Sexual Violence or who are involved in addressing or investigating it should treat the matter as discreetly and confidentially as practicable, within the context of their roles in implementing this *Policy*. Information will only be shared to the extent necessary to carry out responsibilities under this *Policy* or as required to provide a fair process during the investigation and decision-making process.

B. UNIVERSITY RESPONSE TO A REPORT

83. The Centre will provide assistance to the Complainant and will discuss with the Complainant the potential available options. The Centre will outline information about available support and services, including information about accommodations, interim conditions and interim measures that may be available to address the immediate situation.
84. The Centre can, on a confidential basis, consult or seek the assistance of other internal personnel or resources of the University for direction, and can consult or seek the assistance of external parties relevant to the particular Incident being Reported.
85. Some of the options that the University may offer to the Complainant following a

Report include, but are not limited to the following:

- a) Referral to contacts for suitable support, services or resources available within and outside the University and in the municipality. Information about external community services is available at www.svpscentre.utoronto.ca;
 - b) The University may communicate with the Respondent to inform them that their conduct toward the Complainant is unwelcome and to note the no-Reprisal provisions of this *Policy*;
 - c) Safety planning;
 - d) Accommodations, including for example:
 - For students: exam or assignment deferral, class and/or schedule changes, emergency bursaries, and/or housing changes;
 - For employees: making changes to work hours or location that are not disciplinary but precautionary to avoid contact between parties.
86. The Office of Safety and High Risk will be responsible for coordinating the implementation of accommodations, interim conditions and interim measures as expeditiously as practicable.

C. ASSESSMENT

87. While the Centre conducts intakes and receives Disclosures and Reports, the assessment and investigation processes will be coordinated through the Office of Safety and High Risk.
88. Upon receipt or completion of a written Report, the Centre will send the Report to the Office of Safety and High Risk. Upon receiving a Report, the Office of Safety and High Risk will assess the Report to determine whether the matter falls within the scope of this *Policy*. If it is determined that the matter falls within the scope of this *Policy*, the Office of Safety and High Risk will decide whether or not to commence a process (i.e., either an investigation or Facilitated Resolution Process) under the *Policy*.
89. A Report under this *Policy* may also include allegations under other University policies or guidelines. In the event that more than one *policy* or process is engaged by the same Report, the University will consolidate the processes to the extent possible and appropriate.
90. Within 30 calendar days of the Office of Safety and High Risk receiving a completed written Report, it will provide the Complainant with an outline of next steps, and estimated timelines based on the circumstances.
91. The Complainant can choose not to request an investigation by the University. The Complainant has the right not to participate, or to cease participating, in any investigation that may occur. Where a choice not to participate in an investigation is made, the Complainant will be advised that this may affect the nature of the investigation and the ability to draw conclusions from any investigation report. For

further clarity about what will occur in this situation, see the section of this *Policy* entitled “University’s Obligation when a Complainant Requests No Investigation or Chooses Not to Participate.”

92. If the Office of Safety and High Risk makes the determination that the Report does not fall within the scope of this *Policy*, or decides not to commence an investigation, the Office of Safety and High Risk will notify the Complainant of this determination. The Office of Safety and High Risk will also determine whether or not to disclose the fact that allegations were made and any other information to the Respondent.
93. If the Office of Safety and High Risk makes the determination that the Report does not fall within the scope of this *Policy*, or decides not to commence an investigation, , the Complainant may seek a review of that decision by making a request in writing within 31 calendar days of the decision to the Vice-President and Provost or designate or to the Vice-President, People Strategy, Equity and Culture or designate, who will review the matter and advise the Complainant of their decision in writing within 31 calendar days.
94. The University has an existing [Protocol](#) to determine, with Affiliated Sites, the appropriate jurisdiction for any complaints involving Sexual Violence and/or Harassment complaints arising at an Affiliated Site involving a Member of the University Community. The Office of Safety and High Risk must have regard to this Protocol and the associated jurisdictional analysis for determining whether the University or Affiliated Site will take the lead in investigating the complaint, or if it is joint jurisdiction, the process to be followed, which is also set out in the Protocol. The University must also have regard to this Protocol in cases where it requires the sharing of investigation results and of corrective action that has or will follow.
95. If the University decides not to investigate or proceed with a Facilitated Resolution Process, it will still make support and services available to Complainants, which may include counselling, access or referrals to medical, legal and other services, and academic and other accommodations.

D. INVESTIGATION

96. Once a determination has been made to commence an investigation, the Office of Safety and High Risk will appoint a competent person with the appropriate skills, training, and/or experience, including with respect to conducting trauma-informed investigations, to conduct the investigation. The investigator will either be someone who is a Member of the University Community or a person who is external to the University, as appropriate to the circumstances.
97. The Office of Safety and High Risk will send written notice to the Respondent that an investigation of a Report of Sexual Violence under this *Policy* is being initiated and provide the name of the investigator. This notice will include the particulars of the incident Reported and indicate that the Respondent will have opportunities to respond to the allegations. The notice will indicate that the Respondent has the right to seek legal advice and to bring a support person, including a union or association

- representative, or legal counsel, to any meetings during the investigation.
98. The investigation must be completed in a timely manner, taking into consideration the circumstances of the particular matter including its complexity and the requirements of Procedural Fairness. The University will strive to complete investigations within 8 months, from the date the investigator is appointed until the date the Complainant and Respondent are notified of the investigation findings.
 99. The investigator will provide the Respondent with a reasonable opportunity to respond in writing or orally to the allegations. If the response is oral, the investigator should normally confirm the content of the response with the Respondent in writing. If the Respondent does not respond within a reasonable timeframe set by the investigator, or chooses not to participate in the investigation, the investigator may proceed in the absence of their response.
 100. The investigator will provide the Complainant with a document setting out the Respondent's response to each of the Complainant's allegations, if the Respondent responded either orally or in writing.
 101. The Complainant may submit a reply to the response within a reasonable timeframe set by the investigator. If no reply is received within the time requested, the investigator can proceed in the absence of a reply.
 102. The investigator will provide the Respondent with a document setting out the Complainant's reply, if the Complainant responded either orally or in writing.
 103. The Complainant and Respondent may choose to submit any additional information to the investigator, including the names of any potential witnesses.
 104. The investigator may choose to conduct interviews with either or all parties at any time during the investigative process at the investigator's discretion or at the request of a party. The investigator may also choose to seek witness information. During the investigative process, University employees and the investigator will not ask the Complainant irrelevant questions, including those relating to the Complainant's sexual expression or past sexual history.
 105. The investigator will act in a timely, fair, impartial, and professional manner. The investigator will treat the information gathered during the investigation in a confidential manner in accordance with the requirements of this *Policy*.
 106. The investigator will remind the Complainant, Respondent, and witnesses of the provisions outlined in the "Confidentiality and Privacy" section of this *Policy*. In speaking with these individuals, the Investigator will keep confidential the personal information of witnesses, including names and identifying details, in order to preserve the integrity of the investigation.
 107. Following the completion of the investigation, the investigator will provide to the Office of Safety and High Risk a written confidential report containing a summary of the information gathered during the investigation and the findings of fact made based on

the balance of probabilities. The investigator does not make findings with respect to whether or not there was a violation of the *Policy* or any other university policy or guideline or law.

108. The Office of Safety and High Risk will inform the Complainant and the Respondent (and/or their designated representatives) in writing of the results of the investigation, with a reminder as to the provisions outlined in the “Confidentiality and Privacy” section of this *Policy*.
109. Prior to decision-making, the Complainant and Respondent will be invited by the decision-maker or designate to provide their views on the findings of the investigation that have been conveyed to them, and input into any next steps that the University may be considering.

E. DECISION-MAKING AND APPEAL PROCESS

110. In the case of a student Respondent, the investigation report will be reviewed by the Vice-Provost, Students or designate to determine whether the *Policy* has been breached and, if so, the appropriate discipline or sanctions, selected from the list of sanctions available under the *Code of Student Conduct*, with the exception of the recommendation for suspension or expulsion. The Respondent will be notified in writing of the decision and any discipline or sanction imposed. The Respondent may file a written appeal of the Vice-Provost, Students’ decision to the Provost within 14 calendar days of the notification. The Provost may dismiss or allow the appeal in a written decision. If the appeal is allowed, the Provost shall substitute their own decision for that of the Vice-Provost, Students. If the Vice-Provost, Students believes that the *Policy* has been breached and that the appropriate sanctions should include suspension or expulsion, the Vice-Provost, Students shall refer the matter for a hearing under the *Code of Student Conduct*. Appeals against the decision of the Hearing Officer may be made to the Discipline Appeals Board of the Governing Council as provided for in the *Code of Student Conduct*. The authority of the Vice-Provost, Students to determine the level of discipline or sanction to be imposed under this paragraph will take effect on the date this revision is passed by the Governing Council of the University of Toronto.
111. In the case of a staff member Respondent, the investigation report will be reviewed by the Vice- President, People Strategy, Equity & Culture or designate, who will determine whether the *Policy* has been breached, and, if so, the appropriate sanctions or discipline and corrective action. The Respondent will be notified in writing of the decision and any discipline or sanction imposed and will have access to the grievance process under the relevant collective agreement or human resources policy in order to appeal.
112. In the case of a faculty member or librarian Respondent covered by the Memorandum of Agreement with the University of Toronto Faculty Association, the Vice-President and Provost or designate, in consultation with the Vice-President, People Strategy, Equity & Culture, will review the investigation report and determine whether the *Policy* has been breached and, if so, impose the appropriate discipline, sanction or corrective

action. The Respondent will be notified in writing of the decision and any discipline or sanction imposed and will have access to the grievance process in Article 7 of the Memorandum of Agreement in order to appeal. If the appropriate sanction is determined to be termination, the Vice-President and Provost will recommend that termination proceedings be instituted in accordance with the applicable policies and procedures of the University.

113. In the case of a Respondent who is a post-graduate medical resident, post-graduate clinical fellow and/or a clinical faculty member, the investigation report will be reviewed by the Provost or designate in consultation with the Vice-Provost, Relations with Health Care Institutions or designate, who will determine whether the *Policy* has been breached and, if so:
 - a) in the case of a Respondent who is a post-graduate medical resident, whether to refer the matter for consideration of remediation, remediation with probation, suspension, or dismissal pursuant to the [Guidelines for the Assessment of Postgraduate Residents](#). Appeals against a decision of the Board of Examiners – Postgraduate may be made to the Faculty of Medicine Appeals Committee as provided for in the Guidelines for Assessment of Postgraduate Residents.
 - b) in the case of a Respondent who is a post-graduate clinical fellow, determine whether remediation, probation, suspension, or termination is appropriate in accordance with the [Guidelines for Educational Responsibilities in Clinical Fellowships](#). Where applicable, the Provost or designate may also consult with the relevant Affiliated Site, clinical site and/or other employer of the clinical fellow in determining the appropriate outcome.
 - c) in the case of a Respondent who is a clinical faculty member, determine the appropriate sanctions or discipline and corrective action. The Respondent will be notified in writing of the decision and any discipline or sanction imposed and, if eligible, will have access to the grievance process under the [Procedures Manual for the Policy for Clinical Faculty](#). Where applicable, the Provost or designate may also consult with the relevant Affiliated Site in determining the appropriate outcome.
114. In the case of a Respondent who is a status-only or adjunct faculty member or visiting professor, the investigation report will be viewed by the Vice-Provost, Faculty & Academic Life, who will determine whether the *Policy* has been breached and, if so, the appropriate sanctions or discipline and corrective action. The Respondent will be notified in writing of the decision and any discipline or sanction imposed and will have access to any review process that may be applicable to their status.
115. In the case of a Member of the University Community who holds more than one role – for example, a student who is also an employee – or in the case of multiple Respondents who hold different roles, or in the case of a Respondent who is a Member of the University Community who is not covered in paragraphs 110 through 114, the University will decide which process will apply in the circumstances of the particular case.
116. A determination that a Member of the University Community has committed an act of Sexual Violence may result in a number of possible outcomes, including, but not limited to, the imposition of education and training, corrective action such as relocation or change of duties or supervision, reprimand, suspension, termination or expulsion,

commensurate with the nature of the incident complained of and taking into account all other relevant considerations and in accordance with the applicable University policies and procedures, collective agreement, employment contract, or Memorandum of Agreement.

117. Subject to any applicable legal obligations and access to information and privacy legislation, Complainants will be made aware of what corrective actions have been taken or will be taken (if any). Complainants will be advised of any corrective action that impacts them directly. Other participants (e.g. witnesses) may be notified when a process has concluded.
118. Wherever practicable, the University will continue to conclude an investigation even if the Respondent and/or Complainant is no longer a Member of the University Community. A leave of absence or any other temporary break from the University does not constitute the end of a relationship with the University for the purposes of this *Policy*.
119. The University may proceed with decision-making under this *Policy* even if the Respondent and/or Complainant cease to be a Member of the University Community during a process under this *Policy* and/or did not participate in all or part of a process under this *Policy*.

F. FACILITATED RESOLUTION PROCESS

120. The University recognizes that some individuals affected by Sexual Violence may prefer to not have an investigation conducted into their Report. These individuals may prefer a Facilitated Resolution Process.
121. A Facilitated Resolution Process is a voluntary structured process between the Complainant and Respondent that is focused on resolution and not discipline. Such a process takes into account safety, support, and, if appropriate, a Respondent taking accountability for the impact of their conduct without the imposition of disciplinary action against a Respondent.
122. The Complainant and Respondent must each agree to participate in the process, and to the structure and terms of a Facilitated Resolution Process.
123. The Facilitated Resolution Process does not require face-to-face contact between the Complainant and Respondent. However, the Complainant and Respondent can agree to meeting face-to-face during the process.
124. A Complainant or Respondent can request a Facilitated Resolution Process at any stage after a Report has been made under this *Policy*.
125. A Complainant may request a Facilitated Resolution Process through the Centre or Office of Safety and High Risk; the Respondent may request a Facilitated Resolution Process through the Office of Safety and High Risk.

126. Upon receipt of a request for a Facilitated Resolution Process, the Office of Safety and High Risk will make an assessment related to safety and risk factors in order to determine whether to offer a Facilitated Resolution Process in the circumstances.
127. If the Office of Safety and High Risk has determined that it will offer a Facilitated Resolution Process, it will contact the Complainant and Respondent to inform them of the purpose and proposed structure of the Facilitated Resolution Process to confirm whether both parties are willing to participate.
128. The Complainant and Respondent will have 30 calendar days from the date the Office of Safety and High Risk confirms to them in writing the proposed structure of the process that will be available to advise the University of whether or not they will participate. Either the Complainant or Respondent may request an extension of time by contacting the Office of Safety and High Risk, which may or may not be granted in the circumstances.
129. If the Office of Safety and High Risk has determined that a Facilitated Resolution Process is appropriate, and both parties have agreed, the Office of Safety and High Risk will assign a facilitator with the appropriate skills, training, and/or experience, including with respect to conducting a trauma-informed process.
130. The facilitator will engage in discussions with each of the Complainant and the Respondent about possible terms for the process, including:
 - a) Facilitated discussions over a period of time
 - b) Structured mediated discussions with potential for same-day resolution
 - c) Whether or not the Complainant and Respondent wish to meet face-to-face during the process
131. Outcomes agreed upon should be within the control of the Complainant and Respondent. If there are outcomes that have impacts that are beyond the control of the Complainant and Respondent, to the extent they relate to the University, such outcomes must be approved by the University as set out in paragraph 132.

Possible outcomes of a Facilitated Resolution Process may include, but are not limited to, the following:

- a) Agreement for no contact between the Complainant and Respondent,
 - b) Agreement for the Respondent to restrict or limit attendance in a specific geographic location,
 - c) Agreement that the Complainant will have priority for course registration preferences,
 - d) Agreement that the Complainant will have priority for U of T activities,
 - e) Respondent counselling,
 - f) Respondent coaching and education, and/or
 - g) Respondent taking accountability for the impact of their conduct.
132. Any agreement reached in a Facilitated Resolution Process must be documented in writing and submitted to the Office of Safety and High Risk for review. If the proposed agreement includes provisions that have impacts beyond the control of the Complainant and Respondent and that relate to the University, the decision maker as

outlined in paragraphs 110 through 114 will be asked to review and approve.

133. Once reviewed by the Office of Safety and High Risk and approved by the decision maker, if applicable, the agreement will be accepted in writing by both the Complainant and Respondent, and kept on file by the Office of Safety and High Risk.
134. If a Facilitated Resolution Process has not concluded within 90 calendar days of the date the Complainant and Respondent both agreed to the process, the Office of Safety and High Risk will assess the likelihood of a successful outcome and determine whether the process should continue.
135. The Complainant and/or Respondent may choose to withdraw from a Facilitated Resolution Process at any time prior to a resolution. Notice of withdrawal shall be provided to the Office of Safety and High Risk in writing.
136. If no resolution is reached under the Facilitated Resolution Process within 90 calendar days or the extended period pursuant to paragraph 134, or if either the Complainant or Respondent withdraw from the process, or if the Respondent fails to comply with the outcome of the Facilitated Resolution Process, the matter will return to the stage of the process set out in Sections C, D, and E that the Report was at when the Facilitated Resolution Process was initiated.
137. Information shared by the Complainant and the Respondent during the Facilitated Resolution Process and the terms of an agreement reached through the Facilitated Resolution Process are without prejudice and cannot be used if the matter subsequently proceeds to an investigation and/or hearing.
138. If a Facilitated Resolution Process begins at or after the decision-making stage (Section E), the Office of Safety and High Risk will take the steps described in this Section in consultation with the applicable decision-maker.

G. UNIVERSITY'S OBLIGATION WHEN A COMPLAINANT REQUESTS NO INVESTIGATION OR CHOOSES NOT TO PARTICIPATE

139. The Complainant can choose not to request an investigation by the University and has the right not to participate in any investigation that may occur. The Complainant may withdraw from a process at any time by providing written notice of withdrawal to the Office of Safety and High Risk.
140. If a Complainant requests that the University not investigate or act on their Disclosure or Report of an Incident of Sexual Violence, the University will consider the Complainant's request but may decide to proceed where the University determines it has a legal obligation to do so and/or there is an ongoing risk to the University community. The University's assessment will be conducted on a case-by-case basis by the Office of Safety and High Risk in consultation with the applicable decision-maker set out in Section E. In such cases, the Complainant has a right to choose not to participate but is entitled to receive supports outlined in this *Policy*. The Complainant will also be entitled to be advised of what corrective actions have been

taken or will be taken (if any), subject to any applicable legal obligations and access to information and privacy legislation.

H. UNIVERSITY'S OBLIGATION WHEN SOMEONE OTHER THAN THE COMPLAINANT MAKES A REPORT OR A REPORT IS MADE ANONYMOUSLY

141. An allegation of Sexual Violence made by someone other than the Complainant can also be the subject of a Report to the University. However, the University's ability to address the allegation will depend on a number of factors regarding the information available and the Complainant's decision respecting whether or not to participate in a University process.
142. It may transpire that an allegation of Sexual Violence is the subject of a Report made to the University anonymously. The University's ability to address the allegation will be dependent on a number of factors, including the information available to substantiate the allegation and to permit a process that includes Procedural Fairness.
143. In such circumstances, the University will make a determination under the section of this *Policy* entitled "Assessment."

IX. ANNUAL REPORT

144. The University will produce and post publicly an annual report that provides aggregate statistical information, without names or personal information, about Sexual Violence at the University.

X. REVIEW

145. The University recognizes that appropriately addressing Sexual Violence on campus is an evolving issue and that the University will revisit this *Policy* and its associated resources and other related and existing University policies on a regular basis.
146. The University will conduct a review of this *Policy* every three years that will include consultation with Members of the University Community including students, staff, faculty, and librarians, and will amend the *Policy* as appropriate.

APPENDIX: REFERENCES TO OTHER POLICIES AND LEGISLATION

Selected Relevant Legislation

- [Ontario Bill 132, Sexual Violence and Harassment Action Plan Act, 2016](#)
- [Ontario Regulation 131/16: Sexual Violence at Colleges and Universities \(rev. September 16, 2021\)](#)
- [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#)
- [Ontario Human Rights Code](#)
- [Criminal Code of Canada](#)

Selected Relevant University of Toronto Policies and Guidelines

- [Code of Student Conduct](#)
- [Statement on Prohibited Discrimination and Discriminatory Harassment](#)
- [Policy with Respect to Workplace Harassment](#)
 - [Human Resources Guideline on Civil Conduct](#)
 - [Guidelines for Employees on Concerns and Complaints Regarding Prohibited Discrimination and Discriminatory Harassment](#)
- [Policy with Respect to Workplace Violence](#)
 - [Workplace Violence Program](#)
- [Standards of Professional Practice Behaviour for all Health Professions Students](#)
- [Policy on Conflict of Interest – Academic Staff](#)
- [Policy on Conflicts of Interest – Administrative Staff](#)
 - [Conflicts of Interest Guideline – Administrative Staff](#)
- [Policy on Conflict of Interest – Librarians](#)
- [Provost's Guideline for Faculty Members and Librarians Regarding Conflicts of Interest and Sexual, Intimate, or Familial Relationships](#)