

**Community Safety Office Referral Form**

Please fill out the form for the person being referred and attach it to your referral email.

# Date:

**Your name:**

**Your job title:**

**Name of person being referred:**

**University of Toronto email address of person being referred**:

**Telephone contact number of person being referred** (optional): Is it safe to leave a message at this number? Yes No

# Are they a:

Student Staff member Faculty member Student # (optional):

# Home Campus of person being referred:

UTSG UTM UTSC

**Presenting Issue** (brief outline of the safety concern for which they are being referred):

# Any additional concerns/considerations: