



BOARD OF GOVERNORS
Governance, Nominations & Human Resources Committee (GNHR)

May 30, 2024
2:00 p.m. – 4:40 p.m.
[Videoconference](#)
+1 778-732-9889 PIN: 208 341 196#

Members: Maria Saros (Chair), Laura Elliott, Mitch Frazer, Steven Murphy, Gaurav Singh, Dwight Thompson, Emily Whetung

Staff: Kirstie Ayotte, Jamie Bruno, Sara Gottlieb, Krista Hester, Ruth Nyaamine, Andrew Sunstrum

AGENDA

No.	Topic	Lead	Allocated Time	Suggested Start Time
PUBLIC SESSION				
1	Call to Order	Chair	5	2:00 p.m.
2	Agenda (M)			
3	Conflict of Interest Declaration			
4	Chair's Remarks	Chair	5	2:05 p.m.
5	President's Remarks	Steven Murphy	5	2:10 p.m.
6	Governance			
6.1	Sexual Violence Policy* (U)	Andrew Sunstrum	10	2:15 p.m.
6.2	Respectful Campus Policy and Employee procedures* (U)	Andrew Sunstrum	10	2:25 p.m.
7	Consent Agenda (M):	Chair	5	2:35 p.m.
7.1	Minutes of the Public Session of the Meeting of March 21, 2024*			
7.2	GNHR Annual Board Report*			

D – Discussion

M – Motion

P – Presentation

U – Update

* Documents attached

No.	Topic	Lead	Allocated Time	Suggested Start Time
7.3	Annual Pension Plan Report*			
7.4	Board Practices Assessment Results*			
7.5	2024-2025 REVISED Board and Committee Schedule*			
8	Adjournment (M)	Chair		2:40 p.m.
BREAK – 10 minutes				
NON-PUBLIC SESSION (material not publicly available)				
9	Call to Order	Chair	5	2:50 p.m.
10	Conflict of Interest Declaration			
11	Chair's Remarks	Chair	5	2:55 p.m.
12	President's Remarks	Steven Murphy	5	3:00 p.m.
13	Nominations			
13.1	Election Results* (M)	Krista Hester	5	3:05 p.m.
13.2	Board Leadership*(M)	Chair	5	3:10 p.m.
13.3	Committee Appointments 2024-2025* (M)	Chair	5	3:15 p.m.
13.4	Governor Appointment to Academic Council 2024-2025* (M)	Chair	5	3:20 p.m.
13.5	Governor Reappointment* (M)	Chair	5	3:25 p.m.
13.6	New Governor Appointments* (M)	Chair	5	3:30 p.m.
14	Human Resources			
14.1	Human Resources Update	Jamie Bruno	10	3:35 p.m.
14.2	Labour Relations Update* (M)	Jamie Bruno	10	3:45 p.m.
15	Consent Agenda (M):	Chair	5	3:55 p.m.
15.1	Minutes of the Non-Public Session of the Meeting of March 21, 2024*			

No.	Topic	Lead	Allocated Time	Suggested Start Time
15.2	GNHR 2023-2024 Work Plan*			
15.3	GNHR Action Points*			
15.4	Board Attendance Report 2023/2024*			
15.5	Skills Matrix Results*			
16	<i>In Camera</i> Session (M)	Chair	10	4:00 p.m.
17	Termination (M)	Chair		4:10 p.m.

Krista Hester, Interim University Secretary

COMMITTEE REPORT

SESSION:Public **ACTION REQUESTED:**Decision
Discussion/Direction
Information Financial Impact Yes NoIncluded in Budget Yes No**TO: Governance, Nominations and Human Resources Committee (GNHR)****DATE: May 30, 2024****Presented by: Andrew Sunstrum, Director, Human Rights Office****SUBJECT: Student Sexual Violence Policy Instrument**

COMMITTEE MANDATE:

- Under the University's Act, section 9 (1), the Board of Governors has the power: "to establish academic, research, service and institutional policies and plans and to control the manner in which they are implemented". The university's Policy Framework is a key institutional policy that delegates the Board's power, establishing categories of policy instruments with distinct approval pathways.
- In accordance with its Terms of Reference, one of GNHR's mandate includes the establishment of human resources policy instruments.

BACKGROUND/CONTEXT & RATIONALE:

The Provost's Office plays a significant role in advancing the strategic objective of creating a sticky campus. This work is done with a focus on initiatives to improve the culture within which students learn. The purpose of the Student Sexual Violence Policy and Procedures is to communicate the University's commitment to preventing and addressing incidents of sexual violence and providing supports and services for students affected by sexual violence.

Under the Ministry of Training, Colleges and Universities Act, the University is required to review its Student Sexual Violence Policy and Procedures every three years. The proposed revisions are intended to:

- Centralize the handling of disclosures and reports of student sexual violence.
- Streamline and clarify how students access support measures in the event they are impacted by sexual violence (e.g. safety planning, housing supports, academic accommodations, restrictions imposed on a respondent, etc.)
- Revise timeline for completion of investigations to reflect complexity of investigating allegations of sexual violence.
- Streamline and clarify procedural review and appeal mechanisms.
- Update support resources.
- Remove the terms of reference for the Advisory Committee on Student Sexual Violence (to be posted online rather than embedded in the policy).

ALIGNMENT WITH MISSION, VISION, VALUES & STRATEGIC PLAN:

- This policy instrument supports the university’s values of integrity and respect by demonstrating the university’s commitment to establishing a safe, inclusive, and equitable culture at the institution.
- By promoting a respectful, inclusive, and equitable culture at the university, this policy documents also support the strategic pillar of creating a “sticky campus.” If we want the university community to want to spend time on campus, they must feel protected and be familiar with their various rights, roles, responsibilities and obligations as they relate to preventing and responding to all forms of Student Sexual Violence.

CONSULTATION:

- Advisory Committee on Sexual Violence Prevention and Support (Consultation on existing Policy- Summer 2022)
- Advisory Committee on Sexual Violence Prevention and Support (Consultation on draft Policy- January 2024)
- Policy Advisory Committee (Consultation - January 2024)
- Academic Council (Consultation – April 2024)
- Administrative Leadership Team (ALT) (Consultation - April 2024)
- Online Consultation (Consultation – April-May 2024)

Consultation Comments and Response

Comments and responses have been tabulated in the attached Appendix A.

NEXT STEPS:

- Board of Governors’ meeting on June 27, 2024, for approval.

SUPPORTING REFERENCE MATERIALS:

- Terms of Reference: Advisory Committee on Sexual Violence Prevention and Support
- Appendix A

Appendix A

Student Sexual Violence Policy and Procedures

Feedback 2024 Revision

Student Sexual Violence Committee - staff member	Sections: 1-15
Student Sexual Violence Committee - student member	Sections: 16-26
Student Sexual Violence Committee - meeting	Sections: 27-39
Policy Advisory Committee	Section: 40-43
Academic Council	Sections: 44-45
Online Consultation	Sections 46-62
Faculty Association	Section 63
Administrative Leadership Team	No feedback

Policy Feedback

	Policy	Proposed Revision	Response	Incorporated vs. Not Incorporated
1	Definition: "Disclose" or "Disclosure"	Add: A disclosure of an experience with gender-based and/or sexual violence does not require a formal complaint be submitted.	This is included in the body of the policy – does not appear to be necessary to include in the definition as well.	Not incorporated
2	Immediate Measures	Add bolded: Examples of immediate measures are safety planning, emergency bursaries, housing assistance and class or schedule changes, and other necessary accommodations	The Policy differentiates between "Accommodations" and "Immediate Measures."	Not incorporated
3	Investigation	Proposing addition of more specific information re: investigation – e.g. including that the investigation fact-finding process aligns with Bill 132 as well as practices outlined in Responding to Disclosures of Sexual Violence on University and College Campuses in Ontario and other best practices.	Bill 132 does not mandate any investigative practices regarding student sexual violence. "Responding to disclosures of sexual violence on University and College campuses" is training created by Western U. It addresses the receipt of a disclosure and advocates practices that would not be appropriate during an investigation	Not incorporated

4	Definition: Mental Health Worker	<p>please note this is not the position title of counsellors within SMHS and as such might be confusing. Recommending this is replaced with "Mental Health Counsellor and Support Worker" – this official position title also more accurately reflects the support available to students within the university.</p> <p>Additional edits to capture fuller scope of support: "Mental Health Counsellor and Support Worker" refers to a professional trained Mental Health Counsellor in Student Mental Health Services. Mental Health Counsellors and Support workers are registered and regulated health professionals. Mental Health Counsellors and Support Workers have extensive training and expertise in the areas of Sexual Violence, trauma-informed support and treatment approaches, and the impact of identities on an individual's experience of Sexual Violence. The objective of the Mental Health Counsellor and Support Worker is to support a student's psychological safety and well-being during all steps of the SV disclosure, reporting/investigation.</p> <p>Note: Mental Health Worker (or Support Worker) isn't referenced in the policy other than in DEFINITIONS and in the Appendix. It would seem important for specific processes re: accessing "in house" supports available to students is outlined in a sexual violence prevention and support policy. Various student consultations re: the SVPS Policy have identified this as a key area of concern students.</p>	<p>Revised as noted in green</p> <p>The level of detail requested here (in definitions section) is in Appendix A.</p> <p>We are attempting to centralize disclosure response to ensure student receive support through every step and in accessing all desired supports and services. We do acknowledge that some students may prefer to access individual support services independently and make those services available in Appendix A.</p>	<p>Incorporated</p> <p>Not incorporated</p>
5	Support Person	<p>Proposed change: expanding examples to support understanding of breadth of supports available – e.g., refers to an individual, including a friend, family member, legal</p>	<p>This is already included in the policy. It indicates that the parties may bring a support person to any meeting.</p>	<p>Incorporated</p>

		<p>representative, Mental Health Counsellor and Support Worker...</p> <p>Consider adding clarification: The support person may attend any meeting associated with this policy including disclosure and report meetings, and dispute resolution meetings.</p> <p>“During dispute resolution meetings, a Support Person may not interrupt or answer questions on behalf of a complaint party” - but what about e.g., pausing to support in disclosure interview (e.g., if student experiencing symptoms of trauma, emotional overwhelm beyond window of tolerance?) Note: when a Mental Health Counsellor and Support Worker is asked by a student to be a Support Person, their role continues to be governed by professional and ethical obligations</p>	<p>Changed the language to reflect that limits to support person participation apply only to investigative meetings.</p>	
6	Section 9	<p>The University is committed to supporting those who have experienced Sexual Violence and ensuring they are treated with dignity and respect, proposed addition: and efforts will be undertaken to ensure their physical and psychological safety</p>	<p>This is included in the first sentence of the section: The University is committed to maintaining healthy and safe learning, living, social, recreational, and working environments. Acts that perpetuate Sexual Violence are against the University’s values and will not be tolerated.</p>	<p>Not incorporated</p>
7	Section 16.1	<p>No examples of training are provided, which seem important to specify?</p>	<p>Not recommended that we be specific in the Policy as training can change based on needs of institution and trends.</p>	<p>Not incorporated</p>
8	Section 18.4 c)	<p>proposed addition: Access support, resources and services, regardless of whether or not a Report of Sexual Violence is made; receive necessary accommodations including changes to class and exams schedules</p>	<p>Accommodations are one of many services offered to students who experience sexual violence, and we are not identifying them all in this section of the policy.</p>	<p>Not incorporated</p>
9	Section 18.4	<p>Addition: h) Survivors of sexual assault may be eligible for up to XXX hours of free, confidential legal advice from an independent source.</p>	<p>This is not a service the university presently provides. This section of the policy details what students are entitled to from the University.</p>	<p>Not incorporated</p>

10	19. Disclosing	19.2 proposed addition: Provide necessary accommodations including changes to class and exams schedules	The HRO does not provide academic accommodations as noted in 19.1 – it coordinates access to support services including accommodations.	Not incorporated
11	19.1 Disclosing	19.1—Clarification – seems helpful to specify what process looks like – e.g., is the human rights office responsible for case managing referrals? Required to provide options? Who will follow up with student?	Revised for clarity. Further details are also included in 19.2	Incorporated
12	Section 19.7	Seems to remove voice/choice of student? E.g., what is the policy/process in the case that the student's choice/wish is not to disclose or report beyond the OCS (or any staff member at the university)? How are we differentiating disclosure and reporting via OCS vs any staff member receiving a disclosure at the university? What is the rationale for treating these differently?	We have clarified that this section refers to Reports and not disclosures. The HRO is responsible for addressing reports of sexual violence.	Incorporated
13	Section 20.1.	Third party reporting – cases where SV is reported on behalf of the victim and with their consent – should be addressed in the policy	We do not want to encourage 3 rd party reports. We cannot act without a request/involvement of the complainant	Not incorporated
14	20.2 – consideration to again be specific	The Case Specialist will conduct a preliminary assessment by obtaining details from the Complainant to assess in a sensitive and tactful manner and in accordance with best practices and Bill 132	Bill 132 does not address details related to the assessment of complaints. Bill 132 revised portions of the Ministry of Training, Colleges, and Universities Act, which is noted in the related legislation section of the policy.	Not incorporated
15	Appendix A: Supports and Assistance Student Mental Health Services	Provides professional, short term individual counselling and therapy, referrals for students who require long-term counselling or therapy, wellness activities and initiatives, and support groups and mental health consultations. Students who have been impacted by Sexual Violence can access trauma informed treatment and support for their wellness and healing by making an appointment. Mental Health	Except for repetitive details, revisions are incorporated.	Incorporated Not incorporated

		<p>Counsellors and Support Workers provide Students who have experienced Sexual Violence with a safe, therapeutic environment to discuss their experiences, and support Students by:</p> <ul style="list-style-type: none"> • Creating and implementing an appropriate treatment plan; • Providing trauma-informed counselling and support • Helping Students to explore pathways for wellness and healing; • Communicating with Student Accessibility Services for the purposes of arranging Accommodations, with the Student's consent; • Providing referrals to supports and services through external community partners; and • Offering other mental-health related assistance as required. 		
16	Section 9 – Acts that perpetuate Sexual Violence	Update to use different terms related to sexual violence in the definitions, or maybe better to include them all in here, harassment, assault, etc.	The definition is directly from the legislation. The University defines key terms in the policy and additional terms on the website.	Not incorporated
17	Section 11 Alcohol & Substance use	Questioned the need to include section 11 (if they are consuming alcohol or using substances at the time of the Sexual Violence incident)	This is a legislated requirement.	Not incorporated
18	Section 13 Victim/Survivor terminology	Noted that the language seems casual. Update to include the terms survivor and victim	The policy recognizes that individuals can use whatever term they prefer.	Not incorporated
19	Confidentially	Be explicit in who has access to the reports and disclosures	This is assessed on a case-by-case basis. Not able to identify every scenario beyond the information currently included.	Not incorporated
20	Section 20.5 Assessment of Report	“amount to” sounds like we are quantifying if the victimization is enough. Consider changing the language	This section does not refer to victimization, but an assessment of whether a complaint meets the criteria for	Not incorporated

			sexual violence as defined in the policy	
21	Section 21.7 (b) Advised in writing (c) Respondent Contact	Clarification needed – over Email? Mail? What if we don't have the respondents contact information?	Typically, we communicate with students using Ontario Tech U email. However, there may be circumstances in which other forms of communication are required	Not incorporated
22	Section 21.12 Timelines around gathering evidence	Is there a timeline for when this must be completed by? RE: gathering information	Investigations of this nature are highly complex considering the potential trauma experienced by a complainant and the fact that allegations of this nature may also amount to criminal acts.	Not incorporated
23	Section 22.1	Recommendation – they would always consult an expert if their expertise is not in sexual violence	Under the policy, investigators must have expertise in the area of sexual violence. It is our opinion that the provost should be given the discretion to determine when to engage additional expertise in decision-making.	Not incorporated
24	Section 22.2	Student whose conduct is being questioned – change to respondent		Incorporated
25	Section 24.2 Appeals	Provost within ten (10) working days of the date of the decision – what if additional information comes to light after 10 days?	The opportunity to provide relevant information is given to the respondent both during an investigation and during meetings held under 22.2. 10 days post discipline is a reasonable amount of time for respondents to determine whether there are sufficient grounds to appeal	Not incorporated
26	Section 24.4 – Trauma informed approach	who will be overseeing this to ensure this approach is taken/to help these individuals take this approach?	The Committee Chair in consultation with others as necessary.	Not incorporated
27	Prior to purpose	consider an “introduction” to policy – e.g., why a policy on student sexual violence to provide additional context on gravity of issue	This information is in the section “Purpose” and under the section “Policy”	Not incorporated
28	2.1 – “Accommodation”	means temporary arrangements that are made for a Student who has experienced Sexual Violence to assist in their safety and recovery....	Accommodations are not measures to address safety or recovery, per se. Accommodations are academic modifications to support a student's academic success. Other support services address these, including safety planning and mental health supports.	Not incorporated

29	"Case Manager"	remove name to reflect position title (e.g., GBVC) and job description (e.g., include addition of roles such as supporting accommodations, connecting to supports both on and off campus, etc.)	"Case Manager" title was changed "Case Specialist," and the role is defined in the definitions section.	Not incorporated
30	"Disclosure"	consider removing "and being referred to a support worker or other services for support and assistance" – as this is not required in a disclosure but rather an option/choice	This is addressed in 19.3	Not incorporated
31	"Interim Measures"	Consider removing	We implement interim measures to protect complainants and others during an investigation process.	Not incorporated
32	2.1 - <u>The Complainant</u> 2.2 – <u>The respondent</u>	Hyperlink to definitions	This may be confusing for readers as there are many references to the complainant and the respondent throughout the document.	Not incorporated
33	Section 12.1	As per Toronto Metropolitan University – I really like opening with a strong statement re: the university's commitment to provide supports to students who have experienced sexual violence no matter when, where or by whom	Added "no matter when, where or by whom" to the policy statement in para 9	Incorporated
34	Section 8.2	Update to: Help those who have experienced Sexual Violence by providing supports and services, regardless of whether or not a Report is filed, and/or whether the perpetrator is a registered student of the university	This is included in 3.1	Not incorporated
35	Appendix	Consider adding a chart. Schedule 1 – Supports and Services on Campus as per TMU	revised	incorporated
36	Section 12.1 a.	Access support and assistance from the University, and or be connected to external supports as needed	Added to 19.1	incorporated
37	Section 13	Prevention, Education and Training – again, I really appreciated the extra information that Toronto Metropolitan placed here – consider review of Sexual Violence and Identity	This is included in para 12	Not incorporated
38	14. Advisory Committee	add "external partners" to list of comprised committee members	This is included in the draft terms of reference	Not incorporated

39	15. Procedure	Consider adding information re: confidentiality (e.g., re: disclosure, support and reporting process)	There is a section devoted to confidentiality para 14	Not incorporated
40	Various Roles listed in Policy	Update Policy to better define roles and clarify what roles are responsible for implementing supportive measures.	Clarified role of case specialist further re: coordinating access to supportive measures.	Incorporated
41	Section 23.1 (j) – Eviction from one of some facilities at the University	Clarify if this is academic or physical buildings. Could break up J and update K to say suspension and permanent dismissal and add in physical buildings.	J refers to temporary or permanent bans from buildings and K refers to academic dismissal (i.e. expulsion).	Not incorporated
42	Discipline & sanctions	Expulsion - CHANGE to Permanent Dismissal	revised	Incorporated
43	Section 3.1	Last sentence is a bit confusing. Clarify the second sentence. Intension is to note that if a student discloses sexual violence, they will still have access to supports. Tighten up the language here.	Revised language for clarity	Incorporated
44	Concerns about removal of terms of reference	Removal of the terms of reference radically changes the policy, diminishes the role of the Advisory committee.	The Policy continues to require an advisory committee, and the make-up and purpose of the committee remains embedded in the policy. Removal of the terms of reference is being recommended to allow the committee flexibility to make changes to its make-up without revising the policy.	Not incorporated
45	Concern about Advisory Committee role in policy review	Concern that the advisory committee was not consulted and therefore, the policy review failed to meet legislative obligations to involve students.	The Advisory Committee was consulted in Summer 2022 and this feedback was used to draft the revised policy. The Advisory committee was consulted again during a meeting in January 2024. They were provided the draft policy two weeks prior to the meeting. Written feedback from individual members was distributed to all members for an additional two-week review period following the meeting.	Not incorporated
46	Section 24.2 – complainant	Use a capital letter	Reviewed to ensure consistency – capitalization for complainant and respondent	Incorporated
47	Section 24.6 -	appellant is not defined	Changed to respondent	incorporated
48	4. relation to employee policy	Add subject to collective agreements at any mention of employee	The policy notes that the relevant sections of the Respectful campus Policy will apply where it is alleged an	Not incorporated

			employee has engaged in student sexual violence. That policy recognizes the collective agreement – not necessary to duplicate this in the student policy.	
49	all	Grammar and consistency of language and defined terms	revised	Incorporated
50	Policy Consultation Process	The Policy should require approval from Academic council	The Policy Framework requires consultation with Academic Council – not approval.	Not incorporated
51	Academic accommodations	Accommodations: - They are moving this to SAS to deal with – see Definitions and 3.1. b) - This means that the survivor bears responsibility for seeks and accommodation and further has to disclose very personal information to SAS, which is not appropriate - The old language is more about that they will be provided with accommodations by the university	In practice, SAS has always had this responsibility. As noted by the commenter, this was not clarified in the previous policy. The revised policy clarifies this point. In addition, we have implemented a process whereby Mental health Counsellors may communicate directly with SAS for the purposes of arranging accommodations and in those circumstances, there is no need for the student to re-tell their story to SAS.	Not incorporated
52	Training	The policy does not go into details about the type of training provided to students. Does not specify that training will be provided to managers and Board members.	The Policy notes that all employees will be provided with access to training, and does not break it down by level of employment, paid v. volunteer, etc. The Policy defines Employee very broadly – see definition of “University Member.” The University includes details of the gender-based training available to students and employees on its website.	Not incorporated
53	University statement	Removal of section related to “rape myths”	This was an oversight and added back in	Incorporated
54	Employees	The current draft policy revisions expand the scope of the policy to include faculty members, but only as respondents. What would an employee of the University do if they were subject to incidents of sexual violence on campus?	The Policy applies to acts of sexual violence by or against students. There are alternate policies that apply to employees, including the Respectful Campus Policy. This is clarified in section 4 under Scope and Authority.	Not incorporated
55	definitions	There are multiple definitions here relating to sexual violence and sexual harassment, etc. There should be one clear definition of sexual violence in line with the Criminal Code definition of sexual assault.	The definition of sexual violence included in the Policy comes directly from the legislation. While we acknowledge that there is some overlap, the	Not incorporated

		Incidents of sexual harassment are already covered in the Respectful Campus policy, and having multiple policies covering the same issues could lead to confusion among those seeking to report or raise such issues	University is legislatively required to have a stand-alone Student Sexual Violence Policy and Procedures.	
56	Support Person	Referenced support person for Faculty Members are overridden by and therefore without prejudice or precedent to, rights and obligations under the Collective Agreement and the Ontario Labour Relations Act.	The support person provisions in this policy apply to students.	Not incorporated
57	Advisory Committee	The revised section 17.2 would have the terms of reference for the advisory committee be approved by the Provost rather than the committee. The Faculty Association would like the University to maintain the committee's ability to approve its own terms of reference.	The Advisory Committee has never had the authority to approve its mandate. The Provost is the Policy owner and therefore approved the content of the Terms of Reference when it was embedded in the Policy. In any case, the committee was consulted thoroughly regarding the proposed changes to the Policy and terms of reference.	Not incorporated
58	Workplace Sexual Harassment	Under section 19.8, the reference to workplace violence has been removed, while workplace sexual harassment has been maintained. Given employees are not currently covered as complainants under this policy, it may make more sense, as suggested above, to refer employees to the workplace violence and/or the respectful campus policy at the beginning of this policy.	Workplace sexual harassment, which includes acts of sexual violence is covered in the University's respectful Campus Policy. This point is referenced in section 4 of the Policy	Not incorporated
59	Respondent's notification	Section 21.7 (ii) outlines what will be provided to respondents during an investigation; evidence is being proposed to be removed from the current policy. This should include all allegations and evidence to ensure procedural fairness, principles of natural justice, and a full and fair opportunity for respondents to respond.	This section refers to the notification that an investigation has commenced. Subsequent sections include information related to meetings with the complainant and respondent, noting that all elements of administrative fairness will be upheld	Not incorporated
60	Respondent's right not to self-incriminate	Section 21.10 now includes language on self-incrimination, and that a respondent may refuse to participate in the process should that lead to self-incrimination; with this current	This section acknowledges a respondent's right not to self-incriminate and balances that with the Complainant's right under the policy to seek an investigation when they have	Not incorporated

		framing, would not a refusal to participate in and of itself constitute self-incrimination?	been subjected to sexual violence.	
61	Review of summary reports by complainant and respondent	Section 21.12 includes new language about new information. The Faculty Association would like to see this language more in line with that outlined in 24.1, meaning that only new information would be provided were it not available at the time of raising a complaint. This would also address concerns with respect to the language in 22.1 regarding the possibility of multiple investigations with regard to the same alleged incident(s) and complaint(s). Again, this would help ensure a fuller and fairer investigation.	<p>This is a section to ensure that all relevant information and evidence is considered prior to concluding an investigation.</p> <p>At this stage of the process, the investigation has not yet concluded, nor have discipline decisions been made.</p>	Not incorporated
62	Appeal Procedure	The Faculty Association is concerned with the proposed revisions to the appeal process under section 24, which now has the provost as a decision maker, assessor, and selector of the appeal committee; this is inappropriate because the provost is the original decision-maker under the policy, and the policy owner. An appeal process should be independent of any original decision-makers. These revisions also place a lot of responsibility on faculty members, and yet is silent on any training to ensure they are able to meet these policy obligations.	The relevant decision-making body during the appeal process is the Non-Academic Appeals Committee.	Incorporated
63	Definitions	The FA also provided feedback suggesting the University add a definition of "Sexual Misconduct" to the Policy that is in line with the legislated definition.	The Ministry of Training, Colleges and Universities Act was amended last year, and includes a definition of "sexual Misconduct." We have added the definition from the legislation into this Policy by: <ul style="list-style-type: none"> - Revising the definition of sexual harassment, and - Adding the remainder of the definition from the legislation, and including reference to other University policies that regulate sexual relations between students and employees 	Incorporated



Classification	LCG 1138
Framework Category	Legal, Compliance and Governance
Approving Authority	Board of Governors
Policy Owner	Provost and Vice-President, Academic
Approval Date	December 2016
Review Date	June 2027
Last Updated	Editorial Amendments, June 28, 2024; February 18, 2020; April 2019.
Supersedes	SSV Policy June 2017

STUDENT SEXUAL VIOLENCE POLICY AND PROCEDURES

PURPOSE

1. The Student Sexual Violence Policy and Procedures (*“the Policy”*) affirms the University’s commitment to preventing and addressing incidents of Sexual Violence, provides information about available supports and services for Students affected by Sexual Violence, and sets out the procedures for responding to and addressing incidents of Sexual Violence involving Students.

DEFINITIONS

2. For the purposes of this Policy, the following definitions apply:

“Accommodation” refers to academic modifications administered by Student Accessibility Services under the University’s [Procedures for Academic Accommodation for Students with Disabilities](#)

“Administrative Fairness” refers to the following set of principles used in the University’s investigation and decision-making processes:

- a) The Complainant, if any, is given a full and fair opportunity to raise allegations and provide relevant and material evidence in support of those allegations;
- b) The Respondent knows what the allegations are, receives enough information to provide a meaningful response and is given a full and fair opportunity to provide relevant and material evidence responding to the allegations;
- c) The parties receive adequate notice of the nature of the proceedings and of the issue to be decided;
- d) The decision-maker is required to be impartial and free from bias;
- e) The decision-maker is required to consider the relevant information and evidence before them, taking into consideration the circumstances of the particular matter including its complexity and the requirements of fairness and due process;
- f) The decision-making processes run in a timely fashion;
- g) The parties may have a support person and/or representation during the dispute resolution meeting; and,
- h) The parties are provided the reasons for the decision.

“Balance of Probabilities” refers to the standard that must be met to determine whether a violation of the Policy has occurred based on a finding that “it was more likely than not” that a

Sexual Violence incident has occurred. This is a lower standard than beyond a reasonable doubt, but more than mere suspicion.

“Case Specialist” refers to a University official from the Human Rights Office assigned responsibility for coordinating all aspects of the Disclosure, Reporting, Investigation and Decision-Making procedures under this Policy. The Case Specialist will have training and expertise in the areas of Sexual Violence, trauma-informed approaches, and the impact of identities on an individual’s experience of Sexual Violence.

“Complainant” refers to an individual who has Reported having experienced Sexual Violence or any other alleged breach of this policy.

“Consent” means the active, ongoing, informed, and voluntary agreement to engage in physical contact or sexual activity. Consent cannot be given by someone who is incapacitated (such as by drugs or alcohol), unconscious, or otherwise unable to understand and voluntarily give consent.

“Disclose” or **“Disclosure”** refers to the act of providing information about an incident involving Sexual Violence to a University Official, such as the Human Rights Specialist.

“Immediate Measures” refers to temporary arrangements that can be implemented for Students who make a Disclosure to the University’s Human Rights Office. Immediate measures are designed to assist in the Complainant’s immediate safety and recovery. Examples of immediate measures include safety planning, emergency bursaries, housing assistance and class or schedule changes.

“Interim Measures” refers to temporary measures imposed after a Report is made, which are designed to prevent additional breaches of the Policy and/or to protect the safety of the Complainant or others. Interim Measures may be instituted at any point following a Report and prior to a determination being made. Interim Measures take into consideration the severity of the allegations and the varying risks associated with the potential for subsequent policy breaches. Examples of Interim Measures include, but are not limited to, a no-contact order, trespass or restricted access order, suspension, exclusion from athletic or other extra-curricular activities, limiting access to services or facilities, or other safety measures.

“Investigation” refers to a fact-finding process conducted by the University into an alleged breach of the Policy.

“Investigator” refers to an individual assigned under this policy to complete an Investigation, and who has the required training and experience to conduct an objective investigation in a trauma-informed manner that meets Administrative Fairness principles.

“Mediation” refers to a structured process during which a Complainant and Respondent are assisted by a third-party to discuss a dispute and attempt to arrive at a mutually agreeable resolution. Mediation is a voluntary process and can only proceed if the parties agree to participate.

“Mental Health Counsellor” means a trained Mental Health Counsellor in Student Mental Health Services. Mental Health counsellors are registered and regulated health professionals. Mental Health Counsellors have extensive training and expertise in the areas of Sexual Violence, trauma-informed approaches, and the impact of identities on an individual’s experience of Sexual Violence.

“Provost” refers to the Provost and Vice-President Academic, or their delegate.

“Report” refers to a report of a violation of the Policy aimed at pursuing a resolution through University processes described herein under section 20.

“Reprisal” refers to retaliation, coercion, dismissal, threats, or intimidation of anyone who in good faith raises Reports or concerns, exercises their rights, or participates in a resolution process under the Policy.

“Respondent” refers to an individual who is alleged to have breached the Policy.

“Restorative Justice” refers to a structured process during which University Members are assisted by a third-party to discuss a dispute and attempt to arrive at an agreeable resolution. Restorative Justice processes may involve individuals beyond the immediate Complainant and Respondent to seek resolution of systemic issues that may have a broad impact on the university community.

“Sexual Assault” means a form of Sexual Violence that involves any kind of sexual contact with another person without their Consent or by force. It includes but may not be limited to, unwanted kissing, fondling, oral or anal sex, intercourse, or other forms of sexual penetration.

“Sexual Harassment” means engaging in a course of vexatious comment or conduct because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome; or making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement and the person knows or ought reasonably to know that the solicitation or advance is unwelcome; or a reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the person.

“Sexual Misconduct” refers to physical sexual relations with a student, touching of a sexual nature of a student or behaviour or remarks of a sexual nature toward a student by an employee where, the act constitutes an offence under the Criminal Code of Canada, the act amounts to Sexual Violence as defined in the Policy, or the act contravenes any other policy, rule or other requirement respecting sexual relations between employees and students, including the Respectful Campus Policy and the Ethical Conduct Policy.

“Sexual Violence” means 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, but is not limited to, Sexual Assault, Sexual Harassment, stalking, indecent exposure, voyeurism and sexual exploitation. (Further information on these and other forms of Sexual Violence can be found [online](#).)

“Student” means an individual who is currently registered in any course or program of study at the University, or who was registered as a Student at the time of the alleged incident of Sexual Violence.

“Support Person” refers to an individual, including a legal representative, who may attend meetings with the Complainant and Respondent. The primary purpose of the support person is to provide moral support during meetings associated with this policy, i.e. disclosure and reporting meetings, and dispute resolution meetings. During an investigative interview a Support Person will not be permitted to make legal submissions or arguments on behalf of the individual or to disrupt the interview. In any event, individuals who are being interviewed must answer the interview questions themselves.

“University Member” means any individual who is employed by the University or holds an appointment with the University, including paid, unpaid and/or honorific appointments (**“Employee”**); is a Student; and/or is otherwise subject to University policies by virtue of the requirements of a specific policy (e.g. Booking and Use of University Space) and/or the terms of an agreement.

“University Space” means any location owned, leased, rented, or otherwise occupied by the University.

“Voluntary Resolution” refers to an agreed-upon Resolution of a Sexual Violence Report outside of the confines of a University Investigation. At any time during the dispute resolution activities undertaken by the University, a Complainant may elect to communicate or accept proposed steps the Respondent or the University may take that will resolve the Report satisfactorily, or they may request to engage in a dispute resolution process with the University or Respondent designed to explore, negotiate, and determine appropriate resolution options, such as Mediation or Restorative Justice.

“Working Day” means any day, excluding Saturdays, Sundays, statutory holidays, and university closures, on which business can be conducted.

SCOPE AND AUTHORITY

3. The Policy applies to:
 - 3.1. Students who have experienced Sexual Violence while registered at the University, or who have previously experienced Sexual Violence and are currently registered at the University, will be dealt with as follows:
 - a) Students may access internal supports and resources; and,
 - b) If required, Students may access accommodations through Student Accessibility Services.
 - 3.2. Reports of Student Sexual Violence with respect to incidents that have occurred on, or off campus as described below:
 - a) On-Campus – The scope includes incidents of Sexual Violence where the Respondent is a University Member and the incident takes place on University space or using University-owned property or equipment, including, but not limited to, telephones, computers, and online media including websites, email, social media accounts, online learning tools and applications provided, managed or self-identified as belonging to the University. This includes the University’s website, branded Twitter, and Facebook Live events, as well as online learning and collaboration tools such as Google Apps for Education.
 - b) Off-Campus – The scope includes incidents of Sexual Violence that occur off campus where the Respondent is a University member and:
 - i. The incident occurred during any organized Ontario Tech class or extra-curricular activity including Varsity Athletics and experiential learning opportunities such as co-op, practicum or during research endeavors;
 - ii. The incident occurred during an official Ontario Tech event; or

- iii. In exceptional circumstances, when an incident occurring off-campus or online are likely to have an impact on the working, living and/or learning environment at the University, or could reasonably be seen to endanger or adversely affect the health and safety of the University Community.

4. Reports of Sexual Violence involving individuals who are not Students will be dealt with as follows:
 - 4.1. Reports of Student Sexual Violence involving a University Employee will proceed under this Policy and the relevant employee provisions of the Respectful Campus Policy.
 - 4.2. Reports brought forward by an individual from another College or University involving a University Student who is accused of Sexual Violence will generally proceed under this Policy in collaboration with the relevant institution.
 - 4.3. Reports brought forward by a University Student involving a Respondent from another College or University who is accused of Sexual Violence will generally proceed under the responding institution's Policy in collaboration with the University.
5. In cases where it is unclear which process should be used to deal with a report of Sexual Violence, the Provost will make a determination, taking into consideration the circumstances of the case and in the interest of ensuring Administrative fairness and avoiding duplication of processes.
6. Proceedings under this Policy may be carried out prior to, simultaneously with, or following other off-campus proceedings, including civil or criminal proceedings, at the discretion of the Provost.
7. In cases where the Provost determines that processing an allegation under this Policy might prejudice another internal or external process, they may suspend these proceedings indefinitely or pause the investigation pending the outcome of these other proceedings in which case the Complainant and Respondent will be notified and given 3 Working Days to object. If an investigation is paused or suspended, Interim Measures may be used to ensure the safety of all students and the University Community.
8. The Provost, or successor thereof, is the Policy Owner. The Policy Owner is responsible for overseeing the implementation, administration, interpretation, and application of this Policy.

POLICY

9. The University is committed to maintaining healthy and safe learning, living, social, recreational, and working environments. Acts that perpetuate Sexual Violence are against the University's values and will not be tolerated. The university also opposes myths and misconceptions about Sexual Violence (e.g., rape myths) that downplay the seriousness of Sexual Violence and confuse an individual's understanding of Consent. These ways of thinking contribute to a social context where individuals who experience Sexual Violence may blame themselves for what happened and worry that they will not be believed, which may dissuade them from seeking help. The University is committed to supporting those who have experienced Sexual Violence no matter when, where and by whom and ensuring they are treated with dignity and respect.
10. To this end, the University will:
 - 10.1. Empower Students to make choices on whether to:

- Disclose Sexual Violence within a safe space and receive information and assistance accessing available resources, supports and services, regardless of whether a Report is filed; and/or,

- Officially Report an incident of Sexual Violence to the University to pursue resolution options.

10.2. Respond to and address incidents of Sexual Violence involving Students with utmost consideration for the safety and wellbeing of the University community.

10.3. Accommodate Students affected by Sexual Violence.

11. The University recognizes that Students who experience Sexual Violence may be reluctant to come forward to Disclose or Report an incident of Sexual Violence if they were consuming alcohol or using substances at the time of the Sexual Violence incident. Any Student who makes a Disclosure or submits a Report to the institution and states that they were an individual who experienced Sexual Violence will not be cited for violations under any University policies dealing with non-academic misconduct in relation to the use of drugs or alcohol; even if they were in violation of such policies during the incident that is the subject of the Disclosure or Report.

12. The University is a diverse community and every effort to address issues of Sexual Violence needs to be grounded in an understanding that each person's experience will be affected by many factors including but not limited to sex, ancestry, race, ethnicity, language, ability, creed, age, socioeconomic status, sexual orientation, sexual expression, and/or gender identity. The University acknowledges that acts of Sexual Violence can also be acts of systematic oppression and these acts impact people of all identities. The University also acknowledges that there are Students with backgrounds and identities that disproportionately experience Sexual Violence at higher rates; this includes but is not limited to, women, Indigenous women, Black women, racialized women, women with disabilities, and individuals who are a part of the 2SLGBTQIA communities.

13. The University recognizes that everyone is free to describe their experiences using whatever terminology they choose. The term "survivor" may work for some and may not for others. To that end, this Policy refers to individuals based on their interaction with the Policy.

14. Confidentiality

14.1. Disclosures and Reports of Sexual Violence will be kept confidential and all relevant documents, including electronic documents, will be kept in a secure location.

14.2. There are limited exceptions to absolute confidentiality with respect to a Disclosure or Report which may include internal sharing of information within the University on a need-to-know basis or where there is risk of harm to self or others, or as required or permitted by law.

14.3. Reports of Sexual Violence will require notification in accordance with Administrative Fairness principles (e.g. to the Respondent and/or witnesses during an investigation) and in necessary circumstances including those outlined in section 14.2 herein.

15. Reprisal

15.1. Any acts of reprisal or expressed or implied threat of reprisal against any Complainant or any individual participating in a process under this Policy are strictly prohibited, and may result in disciplinary action and/or sanction.

15.2. The University has no tolerance for a Report made in bad faith, including a Report that is determined to be trivial, frivolous, or vexatious, which in itself is considered a breach of this Policy.

16. Prevention, Education and Training

16.1. The University stands against Sexual Violence through a preventative approach that empowers the University community to oppose Sexual Violence and to minimize behaviours that contribute to the perpetuation of Sexual Violence. To this end, the University will provide educational programming and training for Students on this Policy.

16.2. The University will also make training available on this Policy to all Employees detailing the processes for responding to and addressing incidents of Sexual Violence involving Students.

16.3. The University will create and post an annual report, presented to the Board of Governors, setting out information about the number of Disclosures and Reports, or other instances when support services and Accommodation were sought by students relating to Sexual Violence. The annual report will also include information about the effectiveness of the Policy and related initiatives and programming established by the university to promote awareness of the supports and services available to Students.

17. Advisory Committee

17.1. The University seeks to continually improve how it addresses Sexual Violence by examining the efficacy of the Policy, support services and programming choices. The Advisory Committee on Sexual Violence Prevention and Support is comprised of a diverse set of Students (including from the Ontario Tech Student Union), faculty, and staff from across the University to elicit broad input on the University's efforts to prevent Sexual Violence among Students and support continuous improvement.

17.2. The terms of reference for the Advisory Committee on Sexual Violence Prevention and Support are approved by the Provost and posted online.

PROCEDURES

18. Disclosing, Accessing Support and Reporting

18.1. The Human Rights office is responsible for receiving Disclosures and Reports of incidents of Sexual Violence involving a member of the University community in a non-emergency situation.

18.2. In an emergency, Campus Safety or 911 should be the first point of contact. In case of emergency, Sexual Violence can be Reported to Campus Safety, which in turn is required to inform the Human Rights office. **In an emergency where there is a clear risk of harm, call for help immediately:**

- a) At the North campus location, call Security at 905.721.3211 (x2400) or call 911.
- b) At the downtown campus location or off campus, call 911.

18.3. This Policy distinguishes between Disclosing, and Reporting:

- a) Disclosing means telling someone about what has happened and being connected with services for support and assistance.

- b) Reporting means filing a Report of Sexual Violence to pursue a resolution through University processes described herein under section 20.

18.4. Students who experience Sexual Violence are entitled to Disclose and/or Report the matter and:

- a) Be treated respectfully;
- b) Choose whether to initiate, continue or discontinue telling their story, and to participate or not participate in any aspect of processes that result from pursuing a resolution;
- c) Access support, resources and services, regardless of whether or not a Report of Sexual Violence is made;
- d) Choose not to request an investigation, and/or not to participate in any investigation that may occur;
- e) Choose to withdraw their Report at any time throughout the process, before a decision is rendered. The Complainant will inform the Human Rights Office, in writing, of their decision to withdraw their Report. If a Report is withdrawn, the Student can continue to seek or access support;
- f) Be protected from irrelevant questions during a Disclosure or Investigation, including irrelevant questions relating to sexual expression or past sexual history; and,
- g) Choose whether to pursue recourse through external processes as an alternative to procedures available at the University, such as an application to the Human Rights Tribunal of Ontario, filing a police report or other processes of criminal or civil justice.

19. Disclosing

19.1. The Human Rights Office will coordinate access to services for Students who Disclose having been affected by an incident of Sexual Violence. These include, but are not limited to, counselling, safety planning, accommodations, and access or referrals to medical and external services. Relevant support services will also be made available to University Members who are Respondents.

19.2. Students may [make an appointment](#) with the Case Specialist to confidentially Disclose incidents of Sexual Violence in a safe and respectful environment. Once a Disclosure of Sexual Violence is made to the Human Rights Office, a Case Specialist will:

- Assist the Student in understanding and accessing the resources and services available to them;
- Identify and implement reasonable Immediate Measures in the circumstances; and
- Review reporting options with the Student.

19.3. Disclosure meetings with the Case Specialist are strictly confidential and decisions surrounding which support services to access, if any, rest with the Student. Apart from the confidentiality exceptions outlined in section 14 above, the Human Rights Office will not take any action, nor will it notify anyone within the University about the disclosure

unless to arrange support services requested by the Complainant or if the Complainant decides to pursue resolution options by making a Report. Students who have experienced Sexual Violence may also [disclose anonymously](#), but in doing so, may limit their access to the full breadth of options outlined in this Policy.

- 19.4. The University also recognizes that Students who have experienced Sexual Violence may elect to access support services independently (a comprehensive list of internal and external services is included in **Appendix A**), or they may initially disclose to a friend, peer leader, or trusted faculty or staff member.
- 19.5. Any individual who receives a Disclosure from a Student should:
 - a) Refer and, if practicable in the circumstances, facilitate contact between the Student and the [Case Specialist](#) in the Human Rights Office who can assist the Student to access all relevant supports and services; and,
 - b) Inform the Student about this Policy and the support services referred to herein.
- 19.6. If the information received from the disclosing Student suggests there is an imminent threat or risk of harm, including self-harm, to the Student or other individuals, those receiving the Disclosure must promptly share that information with the Office of Campus Safety (OCS), and in doing so, must inform the Student of this action.
- 19.7. OCS will ensure a safety risk assessment is completed with the student and any necessary safety measures are implemented. If a Report is made to OCS or Security Services, OCS will immediately refer the matter to the Human Rights office, and in doing so, must inform the Student of this action.
- 19.8. If the information received from the disclosing Student suggests that an incident has occurred involving Workplace Sexual Harassment under the *Occupational Health and Safety Act* (i.e. the student is also an employee of the University and the incident occurred in the workplace), those receiving the Disclosure must promptly share that information with the Human Rights office, and in doing so, must inform the Student of this action.
- 19.9. Those requiring advice about whether, and to what extent, the disclosed information must be shared should consult with the Case Specialist.

20. Reporting

- 20.1. Where a Student or other individual affected by Sexual Violence is considering bringing forward a Report of Sexual Violence, they may meet with the Case Specialist to review the Procedures.
- 20.2. If a Complainant wishes to pursue a Report under this Policy, the Case Specialist will conduct a preliminary assessment by obtaining details from the Complainant to assess in a sensitive and tactful manner the nature of the Sexual Violence being reported.
- 20.3. The preliminary assessment will determine if the conduct alleged in the Report falls within the scope of the Policy. This determination will be based on an assumption that all the alleged facts are true. The Case Specialist may meet with any person to assess the nature and validity of the Report. Meetings will be conducted in a sensitive, confidential, and tactful manner.

- 20.4.** If the preliminary assessment determines that the conduct alleged is covered by the Policy, the office will determine whether Interim Measures are required. At any point after the acceptance of a Report, Immediate and/or Interim Measures may be implemented and/or updated as necessary to prevent additional acts of Sexual Violence and/or to protect the safety of the Complainant or others.
- 20.5.** If the allegations set out in the Report would not, if true, amount to Sexual Violence or they occurred outside the confines of this Policy, the Human Rights office will respond to the Complainant in writing, usually within 30 days, advising that the Report has been reviewed and that the information provided does not support an allegation of Sexual Violence under the Policy. The Complainant will also be advised that the Human Rights Office may reconsider the Report if additional relevant and significant information is provided. If there is another process or resource at the University that would be more appropriate for the subject matter of the Report, the Complainant will be advised of this alternative process. In instances where a Respondent may have been alerted or notified of the fact that a Report has been received, the Case Specialist will advise the Respondent in writing of the determination not to proceed further.
- 20.6.** The University may initiate an Investigation of Sexual Violence in the absence of a Report from a Complainant if it receives evidence of Sexual Violence that falls within the scope of this Policy that suggests the health, safety and wellness of University Members may be at risk. In this case, the individual who allegedly experienced the Sexual Violence will not be compelled to participate in a University-initiated Investigation.

21. Resolution Options

- 21.1.** After the acceptance of a Report, a Complainant may request the resolution option that they determine is most aligned with how they would like to meaningfully address the incident of Sexual Violence. These include a variety of Voluntary Resolution options and processes, as well as the choice of an Investigation.
- 21.2.** Voluntary Resolution options, may include but are not limited to, one or more of the following: delivering an impact statement; communicating to a Respondent that the behaviour is unwelcome and must stop; receiving an apology; meeting with a University official to discuss the ways in which future occurrences of the Reported incident can be prevented, and training or education for individuals and/or groups; Mediation and Restorative Justice practices.
- 21.3.** Voluntary Resolution processes (such as Mediation or Restorative Justice practices) allow Complainants and Respondents to identify and select appropriate resolution options that are agreed upon by all relevant participants. These processes necessarily require the consent of individuals to participate. Voluntary Resolution processes may include direct engagement and communications between Complainant(s), Respondent(s) and others, or communication may be facilitated through a third-party assigned by the Human Rights office if necessary to maintain and/or support healing and wellness.
- 21.4.** If the Complainant is satisfied by the actions taken through Voluntary Resolution, the Complainant will provide a written confirmation to the Case Specialist, at which point the Report will be deemed resolved.

- 21.5.** If no satisfactory resolution is achieved voluntarily, the Complainant may consider pursuing an Investigation and will notify the Case Specialist in writing to request an Investigation.
- 21.6.** Where it is determined that an Investigation will be conducted, the Human Rights Office will:
- a) Appoint an Investigator.
 - b) Ensure the Complainant is advised in writing that the Report will be investigated. The investigation notice will:
 - i. provide them with contact information for Support Services (if they have not previously received this information); and,
 - ii. inform them that they have the right to be supported and accompanied by a Support Person (which may include legal counsel).
 - c) Ensure the Respondent is advised in writing that a Report has been received and that they are the subject of an Investigation of a Report of Sexual Violence. This notice will, at minimum, be delivered to the Respondent's ontariotechu.net or ontariotechu.ca email account, as applicable. The investigation notice will:
 - i. Advise that an Investigation is being initiated;
 - ii. Contain a brief summary of the allegations;
 - iii. Provide them with contact information for Support Services (if they have not previously received this information); and,
 - iv. Inform them that they have the right to be supported and accompanied by a Support Person (which may include legal counsel).
- 21.7.** Once an Investigation process is commenced, if either the Complainant or Respondent leave the University or the Complainant withdraws their Report, the University may suspend the procedure with the option to reinstate the procedure at a later date, or it may continue the procedure to conclusion depending on an analysis of the specifics involved. Factors to be considered may include, but are not limited to, the current stage of the process, whether parties to the complaint are cooperating, the level of detail provided in the Report, and the severity of the allegations.
- 21.8.** At any point during the Investigation, the Investigator may set meetings with any individual to obtain further information, ensuring that all elements of Administrative Fairness are upheld. At a minimum, the Investigator will make reasonable attempts to meet with the Complainant and the Respondent and provide them with the opportunity to submit written or other documentary evidence relevant to the case. The Investigator may also require information from witnesses or others.
- 21.9.** Respondents are required to cooperate with the University regarding the application of this policy with the following exception: no Respondent is required to participate in an Investigation or other aspect of these procedures if in doing so there is the potential to self-incriminate themselves under criminal law. In this context, a decision not to participate will not be used against a Respondent. However, if a Respondent

chooses not to participate or respond to the Complainant's allegations, the Investigator may proceed with the Investigation without input from the Respondent.

- 21.10.** During the Investigation, the Complainant and the Respondent will be apprised of the status of the Investigation.
- 21.11.** The Investigator will make every effort to expedite the process without compromising appropriate Administrative Fairness for all parties. The Investigator will inform the parties of the results of the Investigation usually within fifteen (15) Working Days after the evidence gathering phase of the Investigation has been completed.
- 21.12.** Once the Investigator has completed the Investigation, they will notify the Complainant and Respondent and provide them with a copy of a draft investigation report summarizing the evidence obtained during the Investigation. They will be given fifteen (15) working days to provide written comments regarding the draft report for the Investigator's consideration. If the written comments reveal relevant and new information/evidence that had not previously been considered by the Investigator, the Investigator may decide that additional investigation steps or revisions to the draft investigation report are required to meet Administrative Fairness principles.
- 21.13.** If no response is provided, the Complainant and Respondent choose not to participate, or the Investigator determines that the written comments do not warrant revisions to the draft investigation report, the report will proceed as is.
- 21.14.** The Investigator will then make a final determination on whether there has been a violation of the Policy, weighing all evidence submitted on a Balance of Probabilities. The Investigator's determination will be reported in a final investigation report.

22. Decision-Making

- 22.1.** The Investigator will forward a final Investigative package, (including the investigation report, relevant evidence, and written comments from the parties) to the Provost for a decision. The Provost may, depending on the complexities associated with the case, elect to consult an internal or external expert in Sexual Violence. Upon completion of the Provost's review of the investigative package, the Provost will either accept the investigation report or seek further clarification or Investigation from the Investigator.
- 22.2.** If based on the review of the Investigative package, the Provost determines that disciplinary penalties may be required, they will schedule a meeting with the Respondent to hear his/her response, normally within ten (10) working days. If the student fails, without reasonable excuse, to attend the meeting, the Provost will proceed.
- 22.3.** The Provost will determine the appropriate disciplinary penalties pursuant to Section 23 of this Policy and prepare a written decision that will be forwarded to the Respondent and the Case Specialist in a timely manner. Depending on the discipline, other administrative offices may be informed of the discipline as necessary, e.g. the Registrar's Office, the Office of Campus Safety, etc.

23. Disciplinary Penalties

- 23.1.** If a Student is found to have acted contrary to the Policy, the Provost may impose disciplinary penalties including, but not limited to, one or more of the following:
- a) Written warning;
 - b) Conduct contract;
 - c) Formal apology;
 - d) No Contact order;
 - e) Relocation in or eviction from university owned and/or operated housing;
 - f) Community service;
 - g) Trespass;
 - h) Alternative forms of restitution;
 - i) Restrictions from specific campus activities or course enrolments;
 - j) Suspension or eviction from one or more facilities at the University; and/or
 - k) Permanent dismissal.
- 23.2.** If disciplinary penalties are imposed, no refunds or fees will be issued for any University-related activity in accordance with the University's policies.
- 23.3.** The Provost will be responsible for ensuring the implementation and enforcement of any disciplinary penalties. Students who fail to fulfill the terms of the penalties will be subject to further disciplinary proceedings under the Student Conduct Policy.

24. Appeal

- 24.1.** Respondents have the right to appeal the disciplinary penalties imposed under one or both of the following grounds only:
- a) New evidence exists that was not available to the Complainant or Respondent at the time of the original decision (through no fault of their own) that, if considered would likely have altered the outcome of the decision; or
 - b) There was a fundamental flaw in the Investigation or decision-making procedures that led to the decision.
- 24.2.** A [notice of appeal](#) must be submitted in writing and must set out the specific grounds on which the appeal is being made and provide a summary of evidence in support of these grounds to the Office of the Registrar within ten (10) Working Days of the date of the decision.
- 24.3.** The Non-Academic Appeals Committee will be constituted of the following individuals, who will be selected by the Provost:
- a) Three faculty members who hold a full-time continuing appointment (tenured, tenure track, and teaching faculty) with one being the designated chair; and
 - b) Two Students.
- Appeals shall be reviewed by a panel of a minimum of three Committee members, as determined by the Chair, provided that at least one Student member and at least two faculty members are present.
- 24.4.** The Office of the Provost will provide to the Non-Academic Appeals Committee a copy of the notice of appeal, supporting evidence, the decision letter, and the investigation report.

- 24.5. The Committee Chair will conduct a preliminary assessment of appeals filed under paragraph 24.2 above, and determine whether there is some evidence, which if believed, constitutes grounds under paragraph 24.1. Appeals will be dismissed after the assessment if they do not meet the grounds identified in paragraph 24.1 above, or if it is determined that the appeal is frivolous, vexatious, or made in bad faith. A decision to dismiss the appeal after a preliminary assessment will be communicated to the Respondent in writing.
- 24.6. If an appeal is filed by the Respondent and is deemed to meet the threshold for review, the Complainant will be notified, in writing, that an appeal has been filed and has met the threshold for review.
- 24.7. The Non-Academic Appeals Committee panel will normally meet on the matter within fifteen (15) Working Days of the filing of the written appeal. The Committee will make a decision and communicate it in writing normally within twenty (20) Working Days of its initial meeting.
- 24.8. The Non-Academic Appeals Committee may seek information from the Complainant and Respondent, as well as any witnesses to the incident. The Committee has the discretion to determine how they will receive information, and if an appeal proceeds, a trauma-informed approach will be taken to facilitate the participation of the Complainant and to minimize the potential for re-traumatization.
- 24.9. Participation in the appeal process is restricted to individuals who have a direct role or interest in the proceedings, including the Complainant and Respondent (and their representatives, if any), the members of the Committee, and any witnesses.
- 24.10. The Respondent has the right to know the evidence or arguments presented during the appeal process.
- 24.11. The time limits specified under these procedures may be extended by the Chair of the Non-Academic Appeal Committee at the request of the Respondent or a representative of the Provost's Office, if reasonable grounds are shown for the extension.

MONITORING AND REVIEW

25. This Policy will be reviewed every three (3) years. The Provost, or successor thereof, is responsible for monitoring and reviewing this Policy. Any amendments to this Policy must be approved by the University's Board of Governors.

RELEVANT LEGISLATION

[*Criminal Code of Canada \(R.S.C., 1985, c. C-46\)*](#)

[*Ministry of Training, Colleges and Universities Act*](#)

[*Ontario Regulation 131/16 Sexual Violence at Colleges and Universities*](#)

[*Ontario Human Rights Code*](#)

RELATED POLICIES, PROCEDURES & DOCUMENTS

[*Student Conduct Policy*](#)

[*Fair Processes Policy*](#)

[Safe Disclosure Policy](#)

[Respectful Campus Policy](#)

APPENDIX A – SUPPPORTS AND ASSISTANCE

Services and Assistance on Campus

The following resources and services are available on campus for students who experience sexual violence:

Name of Service/Department	Supports Available	Contact Information
<p>Human Rights Office</p>	<p>The university's Human Rights office (HRO) receives initial disclosures from students, helps them understand their rights, and assists them with navigating available resources and supports.</p> <p>Through confidential, non-judgmental consultations, the HRO helps students decide which services and reporting options (if any) they want to pursue.</p> <p>The HRO also provides centralized complaint-resolution services on matters related to student sexual violence, discrimination, and harassment, including Mediation, Restorative Justice processes and investigations.</p>	<p>Humanrights@ontariotechu.ca</p> <ul style="list-style-type: none"> • Arrange a confidential meeting with a Human Rights Specialist. • File a Report of Sexual Violence.
<p>Student Mental Health Services</p>	<p><u>Student Mental Health Services :</u> Provides professional, short-term individual counselling and therapy, referrals for students who require long-term counselling or therapy, wellness activities and initiatives, and support groups and mental health consultations. Students who have been impacted by Sexual Violence can access trauma-informed treatment and support for their wellness and healing by making an appointment. Mental Health Workers provide Students who have experienced Sexual Violence with a safe, therapeutic environment to discuss their experiences, and support Students by:</p> <ul style="list-style-type: none"> • Creating and implementing an appropriate treatment plan; • Helping Students to explore pathways for wellness and healing; 	<p>905.721.3392 studentlifeline@ontariotechu.ca</p>

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	<ul style="list-style-type: none"> • Communicating with Student Accessibility Services for the purposes of arranging Accommodations, with the Student's consent; • Providing referrals to supports and services through external community partners; and • Offering other mental-health related assistance as required. 	
Campus Safety	The Office of Campus Safety is responsible for the safety and security of all students and university employees on campus. Security professionals trained in first aid and CPR provide this service 24 hours a day, 365 days a year. In an emergency, contact Campus Security and an officer will respond immediately.	905.721.8668 ext. 2400 For immediate assistance: 905.721.3211 (24 hours)
Student Accessibility Services	Student Accessibility Services is responsible for arranging Accommodations based on disability under the University's Procedures for Academic Accommodation for Students with Disabilities (which may include conditions caused or exacerbated by traumatic events, including sexual violence). Student Accessibility Services will seek current documentation from a registered health care professional, such as a physician, psychologist, psychiatrist or Mental Health Counsellor in Student Mental Health Services, to provide Accommodations.	905.721.3266 studentaccessibility@ontariotechu.ca
Indigenous Education and Cultural Services	The Baagwating Indigenous Student Centre provides counselling services and promotes Indigenous ways of healing.	905.721.8668 ext. 6795 indigenous@ontariotechu.ca
Campus Health and Wellness Centre	To support a healthy lifestyle, the Campus Health and Wellness Centre provides confidential health-care services, including a medical clinic, a pharmacy, and alternative health-care services.	905.721.3037 CHWC@dc-ot.ca
Ontario Tech Student Union - Student Rights and Advocacy	The Ontario Tech Student Union's Student Rights and Advocacy Coordinator provides free, confidential advice and offers assistance with petitions, hearings and complaints.	905.721.1609 ext. 3986 advocacy.otsu@ontariotechu.ca

Off-campus Services

Emergency and crisis services

Name of Service/Department	Supports Available	Contact Information
Durham Regional Police Service:	If you or someone you know is in immediate danger, call 911. For all other (non-emergency) safety issues, call 1.888.579.1520.	If you or someone you know is in immediate danger, call 911. For all other (non-emergency) safety issues, call 1.888.579.1520.
Distress Centre Durham:	Provides a 24/7 crisis line that anyone can access, and operates other services including Prideline Durham, which provides emotional support, crisis intervention and community referral information specific to the concerns and issues faced by the 2SLGBTQIA+ community.	1.800.452.0688
Victim Services of Durham Region	Provides crisis response, system navigation and advocacy services immediately following a crime or sudden tragedy. Services include: counselling, transportation to safe accommodations, home safety devices, safety planning, help finding financial assistance, provision of basic necessities like food and medication, etc. Services are free and confidential.	905.721.4226
Ontario Coalition of Rape Crisis Centres	The Ontario Coalition of Rape Crisis Centres (OCRCC) is a network of 30+ English-language sexual assault centres in Ontario. Their 24-hour phone lines connect you with someone you can talk to right away. You can also receive crisis counselling, support, and information for support allies (e.g. parents, partners or friends of survivors). Additional services include safety planning, information on victim police reporting and medical options, and strategies for coping with flashbacks, memories and feelings.	Visit the OCRCC web page to find the phone number specific to your location.
Durham Rape Crisis Centre	The Durham Rape Crisis Centre's 24/7 crisis and support lines offer confidential and non-judgmental support and information to anyone who has experienced any form of sexual violence in their lives. Family, partners or friends supporting a sexual violence survivor may also call the line.	905.668.9200

Toronto Rape Crisis Centre	Provides support for anyone who identifies as a survivor of violence, including trans people, non-binary folks, cisgender men and women, and youth. Access a 24/7 crisis line, individual and group counselling, court/medical accompaniment, peer support groups, advocacy, and more.	416.597.8808 (24-hour crisis line)
Support Services for Male Survivors of Sexual Abuse	Provides help for male survivors of past or recent sexual abuse, both recent and historical. The program is the first of its kind in Canada, and is delivered by agencies across the province. Survivors also have access to a 24-hour, multilingual, toll-free phone line for immediate crisis and referral services.	1.866.887.0015
Good2Talk	A free, confidential helpline for post-secondary students in Ontario that provides professional counselling, information and referrals on a range of matters, including sexual violence.	1.866.925.5454; text GOOD2TALKON to 686868

Health services

Name of Service/Department	Supports Available	Contact Information
Durham Region Sexual Health Clinics	Provides a wide variety of sexual health services including, but not limited to, condoms, Pap tests, low-cost birth control, pregnancy testing, HIV testing/counselling, free treatment of sexually transmitted infections, and sexual orientation, gender identity and relationship counselling and referrals.	Note: An Ontario health card is not required to access services. Various locations including Oshawa, Pickering and Port Perry. Find contact information for the location closest to you.
Lakeridge Health Oshawa – Durham Region Domestic Violence/ Sexual Assault Care Centre	Offers 24/7 emergency medical services for adult victims of sexual assault up to one-week post-assault, and for children under 16 years of age up to three days post-assault. Also provides counselling for victims over 12 years of age who have been assaulted within the past year, as well as safety planning, support and referrals for victims of domestic violence.	905.576.8711 ext. 33286

The John Howard Society	<p>Operates a Women’s Drop-In Program, which provides women involved in sex work in the Durham Region with nutritious meals, hygiene products, laundry, shower, counselling and support, safety planning and harm-reduction supplies.</p> <p>Operates the Sex Trade Housing Support program, which assists sex trade workers in the Durham Region who are homeless or at imminent risk of homelessness. It is inclusive of youth, adults, persons with disabilities, persons with addictions, mental health issues, and persons involved with the criminal justice system and victims of domestic violence. Although an individual who occasionally trades sex for cash, shelter, etc. may not view themselves as a ‘sex trade worker’, they are still eligible for the program.</p>	<p>905.244.2602</p>
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Combined services

Name of Service/Department	Supports Available	Contact Information
Barbra Schlifer Commemorative Clinic	<p>Provides counselling, legal information, interpreters, and referral for women who have been physically or sexually abused.</p>	<p>416.323.9149</p>
Safety Network Durham	<p>Supports women experiencing abuse and/or any form of gender-based violence by providing co-ordinated access to a range of specialized services.</p>	<p>1.877.723.3905</p>
Assaulted Women’s Helpline	<p>Provides free, anonymous and confidential counselling, safety planning, emotional support, information, and referrals as well as a helpline available 24/7 in more than 200 languages.</p>	<p>416.863.0511 and 416.364.8762 (TTY)</p>
1inSix	<p>Offers outreach, education and services in person and online to men who have experienced sexual violence and those who support them. Online services include 24/7 support and anonymous support groups.</p>	<p>Refer to website for contact information</p>

Additional Counselling supports

Name of Service/Department	Supports Available	Contact Information
Family Service Toronto	Provides professional, short-term, individual, couple and family counselling for people who identify as lesbian, gay, bisexual, trans*, queer (2SLGBTQIA+).	416.595.9618
Fem'aide	Offers 24/7 support, information and referrals to services in the community for French-speaking women facing gender-based violence. Fem'aide also addresses inquiries from relatives of women victims of violence.	1.877.336.2433
Paths of Courage Residential Healing Centre	A one-of-a-kind program pioneered by the Sexual Assault Centre for Quinte and District. This free, one-week program provides assault survivors with opportunities to heal, transform and become empowered, while surrounded by nature.	613.476.7000

Legal supports

Name of Service/Department	Supports Available	Contact Information
Office of the Attorney General – Victim/Witness Assistance Program	Provides crisis intervention, emotional support, court preparation and orientation information, and referrals to community agencies. These services are targeted towards the most vulnerable victims and witnesses of violent crime, including, but not limited to, sexual violence. Services begin once police have laid charges and continue until the court case is over.	1.888.579.2888
Sexual Harassment and Assault Resource Exchange (SHARE)	Supports those who have experienced sexual harassment or assault at work. SHARE provides free, confidential legal advice to workers about all their options to help them make informed decisions about any legal steps they can take, if desired, to address their experience. It also offers referrals, outreach and education. SHARE services are available to all workers in Ontario regardless of age, income, or immigration status.	1.866.625.5179 or 416.597.4900; press option 8 for SHARE or option 6 for Indigenous Services TTY: 416.597.4903 or 1.866.612.8627; press option 8 for SHARE or option 6 for Indigenous Services

Housing supports

Name of Service/Department	Supports Available	Contact Information
Bethesda House	Provides temporary safe shelter, with woman-centred advocacy, outreach, and other services to women, youth and children, supporting them to live free from domestic abuse.	905.623.6050
Herizon House	Provides free, confidential services 24/7 including temporary shelter, support and advocacy for abused women and their children located in Durham and Clarington regions.	1.866.437.4066
Luke's Place	Devoted to improving the safety and experience of abused women and their children as they proceed through the family law process. Luke's Place offers individual and group support, free Summary Legal Advice Clinics, a virtual legal aid clinic for women in remote communities, and more.	1.866.516.3116
Muslim Welfare Centre	A transitional shelter for Muslim women and their children that provides counselling as well as medical, legal, employment and housing referrals. Also provides three meals a day	905.665.0424
The Denise House	Provides a safe house for women and their children who are fleeing violence. In addition to temporary shelter, The Denise House provides counselling, information, referrals, and transitional support. Transportation is available when needed from rural areas in the Durham Region.	905.728.7311

Supports for youth and children

Name of Service/Department	Supports Available	Contact Information
Durham Children's Aid Society	Provides services to children under 16 years of age residing in Durham Region, and their families. Available 24/7 to report any concerns about a child who may be at risk.	905.433.1551

Sick Kids' Suspected Child Abuse and Neglect (SCAN) Program	<p>Offers care, support and assessment to children and teenagers who may have been maltreated, and their families. The SCAN Program provides a link between SickKids and community doctors and hospitals, Children's Aid Societies, police, schools and other community agencies.</p>	<p>416.813.6275</p>
The Gatehouse	<p>The Gatehouse offers support groups for adult survivors of childhood sexual abuse as well as partners.</p>	<p>416.255.5900</p>

COMMITTEE REPORT

SESSION:Public **ACTION REQUESTED:**Decision
Discussion/Direction
Information Financial Impact Yes NoIncluded in Budget Yes No**TO: Governance, Nominations and Human Resources Committee (GNHR)****DATE: May 30, 2024****Presented by: Andrew Sunstrum, Director, Human Rights Office****SUBJECT: Student Sexual Violence Policy Instrument**

COMMITTEE MANDATE:

- Under the University's Act, section 9 (1), the Board of Governors has the power: "to establish academic, research, service and institutional policies and plans and to control the manner in which they are implemented". The university's Policy Framework is a key institutional policy that delegates the Board's power, establishing categories of policy instruments with distinct approval pathways.
- In accordance with its Terms of Reference, one of GNHR's mandate includes the establishment of human resources policy instruments.

BACKGROUND/CONTEXT & RATIONALE:

The Provost's Office plays a significant role in advancing the strategic objective of creating a sticky campus. This work is done with a focus on initiatives to improve the culture within which students learn. The purpose of the Student Sexual Violence Policy and Procedures is to communicate the University's commitment to preventing and addressing incidents of sexual violence and providing supports and services for students affected by sexual violence.

Under the Ministry of Training, Colleges and Universities Act, the University is required to review its Student Sexual Violence Policy and Procedures every three years. The proposed revisions are intended to:

- Centralize the handling of disclosures and reports of student sexual violence.
- Streamline and clarify how students access support measures in the event they are impacted by sexual violence (e.g. safety planning, housing supports, academic accommodations, restrictions imposed on a respondent, etc.)
- Revise timeline for completion of investigations to reflect complexity of investigating allegations of sexual violence.
- Streamline and clarify procedural review and appeal mechanisms.
- Update support resources.
- Remove the terms of reference for the Advisory Committee on Student Sexual Violence (to be posted online rather than embedded in the policy).

ALIGNMENT WITH MISSION, VISION, VALUES & STRATEGIC PLAN:

- This policy instrument supports the university’s values of integrity and respect by demonstrating the university’s commitment to establishing a safe, inclusive, and equitable culture at the institution.
- By promoting a respectful, inclusive, and equitable culture at the university, this policy documents also support the strategic pillar of creating a “sticky campus.” If we want the university community to want to spend time on campus, they must feel protected and be familiar with their various rights, roles, responsibilities and obligations as they relate to preventing and responding to all forms of Student Sexual Violence.

CONSULTATION:

- Advisory Committee on Sexual Violence Prevention and Support (Consultation on existing Policy- Summer 2022)
- Advisory Committee on Sexual Violence Prevention and Support (Consultation on draft Policy- January 2024)
- Policy Advisory Committee (Consultation - January 2024)
- Academic Council (Consultation – April 2024)
- Administrative Leadership Team (ALT) (Consultation - April 2024)
- Online Consultation (Consultation – April-May 2024)

Consultation Comments and Response

Comments and responses have been tabulated in the attached Appendix A.

NEXT STEPS:

- Board of Governors’ meeting on June 27, 2024, for approval.

SUPPORTING REFERENCE MATERIALS:

- Terms of Reference: Advisory Committee on Sexual Violence Prevention and Support
- Appendix A



Classification	LCG 1138
Framework Category	Legal, Compliance and Governance
Approving Authority	Board of Governors
Policy Owner	Provost and Vice-President, Academic
Approval Date	December 2016
Review Date	<u>June 2027</u>
Last Updated	Editorial Amendments, <u>June 28, 2024</u> ; February 18, 2020; April 2019.
Supersedes	SSV Policy June 2017

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STUDENT SEXUAL VIOLENCE POLICY AND PROCEDURES

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PURPOSE

1. The Student Sexual Violence Policy and Procedures (“the Policy”) affirms the University’s commitment to preventing and addressing incidents of Sexual Violence, provides information about available supports and services for Students affected by Sexual Violence, and sets out the procedures for responding to and addressing incidents of Sexual Violence involving Students.

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DEFINITIONS

2. For the purposes of this Policy, the following definitions apply:

“Accommodation” refers to academic modifications administered by Student Accessibility Services under the University’s Procedures for Academic Accommodation for Students with Disabilities

Deleted: “Accommodations” means temporary arrangements that are made for a Student who has experienced Sexual Violence to assist in their recovery. Examples of Accommodations include safety planning, emergency bursaries, change in residence room, housing assistance, class or schedule changes, or other appropriate arrangements.¶

“Administrative Fairness” refers to the following set of principles used in the University’s investigation and decision-making processes:

- a) The Complainant, if any, is given a full and fair opportunity to raise allegations and provide relevant and material evidence in support of those allegations;
- b) The Respondent knows what the allegations are, receives enough information to provide a meaningful response and is given a full and fair opportunity to provide relevant and material evidence responding to the allegations;
- c) The parties receive adequate notice of the nature of the proceedings and of the issue to be decided;
- d) The decision-maker is required to be impartial and free from bias;
- e) The decision-maker is required to consider the relevant information and evidence before them, taking into consideration the circumstances of the particular matter including its complexity and the requirements of fairness and due process;
- f) The decision-making processes run in a timely fashion;
- g) The parties may have a support person and/or representation during the dispute resolution meeting; and,
- h) The parties are provided the reasons for the decision.

“Balance of Probabilities” refers to the standard that must be met to determine whether a violation of the Policy has occurred based on a finding that “it was more likely than not” that a

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Sexual Violence incident has occurred. This is a lower standard than beyond a reasonable doubt, but more than mere suspicion.

“Case Specialist” refers to a University official from the Human Rights Office assigned responsibility for coordinating all aspects of the Disclosure, Reporting, Investigation and Decision-Making procedures under this Policy. The Case Specialist will have training and expertise in the areas of Sexual Violence, trauma-informed approaches, and the impact of identities on an individual’s experience of Sexual Violence.

“Complainant” refers to an individual who has Reported having experienced Sexual Violence or any other alleged breach of this policy.

“Consent” means the active, ongoing, informed, and voluntary agreement to engage in physical contact or sexual activity. Consent cannot be given by someone who is incapacitated (such as by drugs or alcohol), unconscious, or otherwise unable to understand and voluntarily give consent.

“Disclose” or “Disclosure” refers to the act of providing information about an incident involving Sexual Violence to a University Official, such as the Human Rights Specialist.

“Immediate Measures” refers to temporary arrangements that can be implemented for Students who make a Disclosure to the University’s Human Rights Office. Immediate measures are designed to assist in the Complainant’s immediate safety and recovery. Examples of immediate measures include safety planning, emergency bursaries, housing assistance and class or schedule changes.

“Interim Measures” refers to temporary measures imposed after a Report is made, which are designed to prevent additional breaches of the Policy and/or to protect the safety of the Complainant or others. Interim Measures may be instituted at any point following a Report and prior to a determination being made. Interim Measures take into consideration the severity of the allegations and the varying risks associated with the potential for subsequent policy breaches. Examples of Interim Measures include, but are not limited to, a no-contact order, trespass or restricted access order, suspension, exclusion from athletic or other extra-curricular activities, limiting access to services or facilities, or other safety measures.

“Investigation” refers to a fact-finding process conducted by the University into an alleged breach of the Policy.

“Investigator” refers to an individual assigned under this policy to complete an Investigation, and who has the required training and experience to conduct an objective investigation in a trauma-informed manner that meets Administrative Fairness principles.

“Mediation” refers to a structured process during which a Complainant and Respondent are assisted by a third-party to discuss a dispute and attempt to arrive at a mutually agreeable resolution. Mediation is a voluntary process and can only proceed if the parties agree to participate.

“Mental Health Counsellor” means a trained Mental Health Counsellor in Student Mental Health Services. Mental Health counsellors are registered and regulated health professionals. Mental Health Counsellors have extensive training and expertise in the areas of Sexual Violence, trauma-informed approaches, and the impact of identities on an individual’s experience of Sexual Violence.

“Provost” refers to the Provost and Vice-President Academic, or their delegate.

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“Report” refers to a report of a violation of the Policy aimed at pursuing a resolution through University processes described herein under section 20.

“Reprisal” refers to retaliation, coercion, dismissal, threats, or intimidation of anyone who in good faith raises Reports or concerns, exercises their rights, or participates in a resolution process under the Policy.

“Respondent” refers to an individual who is alleged to have breached the Policy.

“Restorative Justice” refers to a structured process during which University Members are assisted by a third-party to discuss a dispute and attempt to arrive at an agreeable resolution. Restorative Justice processes may involve individuals beyond the immediate Complainant and Respondent to seek resolution of systemic issues that may have a broad impact on the university community.

“Sexual Assault” means a form of Sexual Violence that involves any kind of sexual contact with another person without their Consent or by force. It ~~includes but may not be limited to,~~ unwanted kissing, fondling, oral or anal sex, intercourse, or other forms of ~~sexual~~ penetration.

“Sexual Harassment” means engaging in a course of vexatious comment or conduct because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome; or making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement and the person knows or ought reasonably to know that the solicitation or advance is unwelcome; or a reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the person.

“Sexual Misconduct” refers to physical sexual relations with a student, touching of a sexual nature of a student or behaviour or remarks of a sexual nature toward a student by an employee where, the act constitutes an offence under the Criminal Code of Canada, the act amounts to Sexual Violence as defined in the Policy, or the act contravenes any other policy, rule or other requirement respecting sexual relations between employees and students, including the Respectful Campus Policy and the Ethical Conduct Policy.

“Sexual Violence” means 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, ~~but is not limited to,~~ Sexual Assault, Sexual Harassment, stalking, ~~indecent exposure, voyeurism~~ and sexual exploitation. (Further information on these and other forms of Sexual Violence can be found ~~online~~.)

“Student” means an individual who is currently registered in any course or program of study at the University, or who was registered as a Student at the time of the alleged incident of Sexual Violence.

“Support Person” refers to an individual, including a legal representative, who may attend meetings with the Complainant and Respondent. The primary purpose of the support person is to provide moral support during meetings associated with this policy, i.e. disclosure and reporting meetings, and dispute resolution meetings. During an investigative interview a Support Person will not be permitted to make legal submissions or arguments on behalf of the individual or to disrupt the interview. In any event, individuals who are being interviewed must answer the interview questions themselves.

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“University Member” means any individual who is employed by the University or holds an appointment with the University, including paid, unpaid and/or honorific appointments (“Employee”); is a Student; and/or is otherwise subject to University policies by virtue of the requirements of a specific policy (e.g. Booking and Use of University Space) and/or the terms of an agreement.

Deleted: “Support Worker” means a trained and registered Mental Health Counsellor in Student Mental Health Services assigned responsibility for providing support and Accommodations for students who have experienced Sexual Violence or for students accused of Sexual Violence. Support Workers are trained in trauma-informed practice and have experience in working with students affected by sexual violence.¶

“University Space” means any location owned, leased, rented, or otherwise occupied by the University.

“Voluntary Resolution” refers to an agreed-upon Resolution of a Sexual Violence Report outside of the confines of a University Investigation. At any time during the dispute resolution activities undertaken by the University, a Complainant may elect to communicate or accept proposed steps the Respondent or the University may take that will resolve the Report satisfactorily, or they may request to engage in a dispute resolution process with the University or Respondent designed to explore, negotiate, and determine appropriate resolution options, such as Mediation or Restorative Justice.

“Working Day” means any day, excluding Saturdays, Sundays, statutory holidays, and university closures, on which business can be conducted.

SCOPE AND AUTHORITY

3. The Policy applies to:

3.1. Students who have experienced Sexual Violence while registered at the University, or who have previously experienced Sexual Violence and are currently registered at the University, will be dealt with as follows:

- a) Students may access internal supports and resources; and,
- b) If required, Students may access accommodations through Student Accessibility Services.

3.2. Reports of Student Sexual Violence with respect to incidents that have occurred on, or off campus as described below:

- a) On-Campus – The scope includes incidents of Sexual Violence where the Respondent is a University Member and the incident takes place on University space or using University-owned property or equipment, including, but not limited to, telephones, computers, and online media including websites, email, social media accounts, online learning tools and applications provided, managed or self-identified as belonging to the University. This includes the University’s website, branded Twitter, and Facebook Live events, as well as online learning and collaboration tools such as Google Apps for Education.
- b) Off-Campus – The scope includes incidents of Sexual Violence that occur off campus where the Respondent is a University member and:
 - i. The incident occurred during any organized Ontario Tech class or extra-curricular activity including Varsity Athletics and experiential learning opportunities such as co-op, practicum or during research endeavors;
 - ii. The incident occurred during an official Ontario Tech event; or

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iii. In exceptional circumstances, when an incident occurring off-campus or online are likely to have an impact on the working, living and/or learning environment at the University, or could reasonably be seen to endanger or adversely affect the health and safety of the University Community.

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4. Reports of Sexual Violence involving individuals who are not Students will be dealt with as follows:

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4.1. Reports of Student Sexual Violence involving a University Employee will proceed under this Policy and the relevant employee provisions of the Respectful Campus Policy.

4.2. Reports brought forward by an individual from another College or University involving a University Student who is accused of Sexual Violence will generally proceed under this Policy in collaboration with the relevant institution.

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4.3. Reports brought forward by a University Student involving a Respondent from another College or University who is accused of Sexual Violence will generally proceed under the responding institution's Policy in collaboration with the University.

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5. In cases where it is unclear which process should be used to deal with a report of Sexual Violence, the Provost will make a determination, taking into consideration the circumstances of the case and in the interest of ensuring Administrative fairness and avoiding duplication of processes.

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6. Proceedings under this Policy may be carried out prior to, simultaneously with, or following other off-campus proceedings, including civil or criminal proceedings, at the discretion of the Provost.

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7. In cases where the Provost determines that processing an allegation under this Policy might prejudice another internal or external process, they may suspend these proceedings indefinitely or pause the investigation pending the outcome of these other proceedings in which case the Complainant and Respondent will be notified and given 3 Working Days to object. If an investigation is paused or suspended, Interim Measures may be used to ensure the safety of all students and the University Community.

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8. The Provost, or successor thereof, is the Policy Owner. The Policy Owner is responsible for overseeing the implementation, administration, interpretation, and application of this Policy.

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¶ Condemn all acts that perpetuate or reinforce Sexual Violence and hold individuals who perpetrate such acts accountable;¶ Help those who have experienced Sexual Violence by providing supports and services, regardless of whether or not a Report is filed; ¶ Help the University community to oppose Sexual Violence through proactive educational programming; and ¶ Continually improve how the University addresses Sexual Violence by examining the efficacy of programming choices, h...

POLICY

9. The University is committed to maintaining healthy and safe learning, living, social, recreational, and working environments. Acts that perpetuate Sexual Violence are against the University's values and will not be tolerated. The university also opposes myths and misconceptions about Sexual Violence (e.g., rape myths) that downplay the seriousness of Sexual Violence and confuse an individual's understanding of Consent. These ways of thinking contribute to a social context where individuals who experience Sexual Violence may blame themselves for what happened and worry that they will not be believed, which may dissuade them from seeking help. The University is committed to supporting those who have experienced Sexual Violence no matter when, where and by whom and ensuring they are treated with dignity and respect.

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10. To this end, the University will:

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10.1. Empower Students to make choices on whether to:

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• Disclose Sexual Violence within a safe space and receive information and assistance accessing available resources, supports and services, regardless of whether a Report is filed; and/or,

• Officially Report an incident of Sexual Violence to the University to pursue resolution options.

10.2. Respond to and address incidents of Sexual Violence involving Students with utmost consideration for the safety and wellbeing of the University community.

10.3. Accommodate Students affected by Sexual Violence.

11. The University recognizes that Students who experience Sexual Violence may be reluctant to come forward to Disclose or Report an incident of Sexual Violence if they were consuming alcohol or using substances at the time of the Sexual Violence incident. Any Student who makes a Disclosure or submits a Report to the institution and states that they were an individual who experienced Sexual Violence will not be cited for violations under any University policies dealing with non-academic misconduct in relation to the use of drugs or alcohol; even if they were in violation of such policies during the incident that is the subject of the Disclosure or Report.

12. The University is a diverse community and every effort to address issues of Sexual Violence needs to be grounded in an understanding that each person's experience will be affected by many factors including but not limited to sex, ancestry, race, ethnicity, language, ability, creed, age, socioeconomic status, sexual orientation, sexual expression, and/or gender identity. The University acknowledges that acts of Sexual Violence can also be acts of systematic oppression and these acts impact people of all identities. The University also acknowledges that there are Students with backgrounds and identities that disproportionately experience Sexual Violence at higher rates; this includes but is not limited to, women, Indigenous women, Black women, racialized women, women with disabilities, and individuals who are a part of the 2SLGBTQIA communities.

13. The University recognizes that everyone is free to describe their experiences using whatever terminology they choose. The term "survivor" may work for some and may not for others. To that end, this Policy refers to individuals based on their interaction with the Policy.

14. Confidentiality

14.1. Disclosures and Reports of Sexual Violence will be kept confidential and all relevant documents, including electronic documents, will be kept in a secure location.

14.2. There are limited exceptions to absolute confidentiality with respect to a Disclosure or Report which may include internal sharing of information within the University on a need-to-know basis or where there is risk of harm to self or others, or as required or permitted by law.

14.3. Reports of Sexual Violence will require notification in accordance with Administrative Fairness principles (e.g. to the Respondent and/or witnesses during an investigation) and in necessary circumstances including those outlined in section 14.2 herein.

15. Reprisal

15.1. Any acts of reprisal or expressed or implied threat of reprisal against any Complainant or any individual participating in a process under this Policy are strictly prohibited, and may result in disciplinary action and/or sanction.

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Implement Interim Measures to protect Students affected by Sexual Violence, where appropriate; and¶

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15.2. The University has no tolerance for a Report made in bad faith, including a Report that is determined to be trivial, frivolous, or vexatious, which in itself is considered a breach of this Policy.

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Abuses of power dynamics and victim blaming;¶

Alcohol and substance consumption;¶

Cultural competency and sources of discrimination;¶

Consent culture;¶

How sexism, ableism, ageism, racism, sexual orientation and gender identity intersect with Sexual Violence;¶

Rape culture;¶

Understanding aggression and standing up to aggression; and¶

Understanding online harassment through social media. ¶

The University will also provide training

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16. Prevention, Education and Training

16.1. The University stands against Sexual Violence through a preventative approach that empowers the University community to oppose Sexual Violence and to minimize behaviours that contribute to the perpetuation of Sexual Violence. To this end, the University will provide educational programming and training for Students on this Policy.

16.2. The University will also make training available on this Policy to all Employees detailing the processes for responding to and addressing incidents of Sexual Violence involving Students.

16.3. The University will create and post an annual report, presented to the Board of Governors, setting out information about the number of Disclosures and Reports, or other instances when support services and Accommodation were sought by students relating to Sexual Violence. The annual report will also include information about the effectiveness of the Policy and related initiatives and programming established by the university to promote awareness of the supports and services available to Students.

17. Advisory Committee

17.1. The University seeks to continually improve how it addresses Sexual Violence by examining the efficacy of the Policy, support services and programming choices. The Advisory Committee on Sexual Violence Prevention and Support is comprised of a diverse set of Students (including from the Ontario Tech Student Union), faculty, and staff from across the University, to elicit broad input on the University's efforts to prevent Sexual Violence among Students and support continuous improvement.

17.2. The terms of reference for the Advisory Committee on Sexual Violence Prevention and Support are approved by the Provost and posted online.

PROCEDURES

18. Disclosing, Accessing Support and Reporting

18.1. The Human Rights office is responsible for receiving Disclosures and Reports of incidents of Sexual Violence involving a member of the University community in a non-emergency situation.

18.2. In an emergency, Campus Safety or 911 should be the first point of contact. In case of emergency, Sexual Violence can be Reported to Campus Safety, which in turn is required to inform the Human Rights office. In an emergency where there is a clear risk of harm, call for help immediately:

a) At the North campus location, call Security at 905.721.3211 (x2400) or call 911.

b) At the downtown campus location or off campus, call 911.

18.3. This Policy distinguishes between Disclosing, and Reporting:

a) Disclosing means telling someone about what has happened and being connected with services for support and assistance.

b) Reporting means filing a Report of Sexual Violence to pursue a resolution through University processes described herein under section 20.

18.4. Students who experience Sexual Violence are entitled to Disclose and/or Report the matter and:

- a) Be treated respectfully;
- b) Choose whether to initiate, continue or discontinue telling their story, and to participate or not participate in any aspect of processes that result from pursuing a resolution;
- c) Access support, resources and services, regardless of whether or not a Report of Sexual Violence is made;
- d) Choose not to request an investigation, and/or not to participate in any investigation that may occur;
- e) Choose to withdraw their Report at any time throughout the process, before a decision is rendered. The Complainant will inform the Human Rights Office, in writing, of their decision to withdraw their Report. If a Report is withdrawn, the Student can continue to seek or access support;
- f) Be protected from irrelevant questions during a Disclosure or Investigation, including irrelevant questions relating to sexual expression or past sexual history; and,
- g) Choose whether to pursue recourse through external processes as an alternative to procedures available at the University, such as an application to the Human Rights Tribunal of Ontario, filing a police report or other processes of criminal or civil justice.

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Be protected from having their use of drug or alcohol while being underage held against them at the time the Sexual Violence occurred; ¶
Have the information they disclose be kept in confidence, shared only on a need-to-know basis,

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19. Disclosing

19.1. The Human Rights Office will coordinate access to services for Students who Disclose having been affected by an incident of Sexual Violence. These include, but are not limited to, counselling, safety planning, accommodations, and access or referrals to medical and external services. Relevant support services will also be made available to University Members who are Respondents.

19.2. Students may make an appointment with the Case Specialist to confidentially Disclose incidents of Sexual Violence in a safe and respectful environment. Once a Disclosure of Sexual Violence is made to the Human Rights Office, a Case Specialist will:

- Assist the Student in understanding and accessing the resources and services available to them;
- Identify and implement reasonable Immediate Measures in the circumstances; and
- Review reporting options with the Student.

19.3. Disclosure meetings with the Case Specialist are strictly confidential and decisions surrounding which support services to access, if any, rest with the Student. Apart from the confidentiality exceptions outlined in section 14 above, the Human Rights Office will not take any action, nor will it notify anyone within the University about the disclosure

unless to arrange support services requested by the Complainant or if the Complainant decides to pursue resolution options by making a Report. Students who have experienced Sexual Violence may also disclose anonymously, but in doing so, may limit their access to the full breadth of options outlined in this Policy.

19.4. The University also recognizes that Students who have experienced Sexual Violence may elect to access support services independently (a comprehensive list of internal and external services is included in Appendix A), or they may initially disclose to a friend, peer leader, or trusted faculty or staff member.

19.5. Any individual who receives a Disclosure from a Student should:

a) Refer and, if practicable in the circumstances, facilitate contact between the Student and the Case Specialist in the Human Rights Office who can assist the Student to access all relevant supports and services; and,

b) Inform the Student about this Policy and the support services referred to herein.

19.6. If the information received from the disclosing Student suggests there is an imminent threat or risk of harm, including self-harm, to the Student or other individuals, those receiving the Disclosure must promptly share that information with the Office of Campus Safety (OCS), and in doing so, must inform the Student of this action.

19.7. OCS will ensure a safety risk assessment is completed with the student and any necessary safety measures are implemented. If a Report is made to OCS or Security Services, OCS will immediately refer the matter to the Human Rights office, and in doing so, must inform the Student of this action.

19.8. If the information received from the disclosing Student suggests that an incident has occurred involving Workplace Sexual Harassment under the Occupational Health and Safety Act (i.e. the student is also an employee of the University and the incident occurred in the workplace), those receiving the Disclosure must promptly share that information with the Human Rights office, and in doing so, must inform the Student of this action.

19.9. Those requiring advice about whether, and to what extent, the disclosed information must be shared should consult with the Case Specialist.

20. Reporting

20.1. Where a Student or other individual affected by Sexual Violence is considering bringing forward a Report of Sexual Violence, they may meet with the Case Specialist to review the Procedures.

20.2. If a Complainant wishes to pursue a Report under this Policy, the Case Specialist will conduct a preliminary assessment by obtaining details from the Complainant to assess in a sensitive and tactful manner the nature of the Sexual Violence being reported.

20.3. The preliminary assessment will determine if the conduct alleged in the Report falls within the scope of the Policy. This determination will be based on an assumption that all the alleged facts are true. The Case Specialist may meet with any person to assess the nature and validity of the Report. Meetings will be conducted in a sensitive, confidential, and tactful manner.

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20.4. If the preliminary assessment determines that the conduct alleged is covered by the Policy, the office will determine whether Interim Measures are required. At any point after the acceptance of a Report, Immediate and/or Interim Measures may be implemented and/or updated as necessary to prevent additional acts of Sexual Violence and/or to protect the safety of the Complainant or others.

20.5. If the allegations set out in the Report would not, if true, amount to Sexual Violence or they occurred outside the confines of this Policy, the Human Rights office will respond to the Complainant in writing, usually within 30 days, advising that the Report has been reviewed and that the information provided does not support an allegation of Sexual Violence under the Policy. The Complainant will also be advised that the Human Rights Office may reconsider the Report if additional relevant and significant information is provided. If there is another process or resource at the University that would be more appropriate for the subject matter of the Report, the Complainant will be advised of this alternative process. In instances where a Respondent may have been alerted or notified of the fact that a Report has been received, the Case Specialist will advise the Respondent in writing of the determination not to proceed further.

20.6. The University may initiate an Investigation of Sexual Violence in the absence of a Report from a Complainant if it receives evidence of Sexual Violence that falls within the scope of this Policy that suggests the health, safety and wellness of University Members may be at risk. In this case, the individual who allegedly experienced the Sexual Violence will not be compelled to participate in a University-initiated Investigation.

21. Resolution Options

21.1. After the acceptance of a Report, a Complainant may request the resolution option that they determine is most aligned with how they would like to meaningfully address the incident of Sexual Violence. These include a variety of Voluntary Resolution options and processes, as well as the choice of an Investigation.

21.2. Voluntary Resolution options, may include but are not limited to, one or more of the following: delivering an impact statement; communicating to a Respondent that the behaviour is unwelcome and must stop; receiving an apology; meeting with a University official to discuss the ways in which future occurrences of the Reported incident can be prevented, and training or education for individuals and/or groups; Mediation and Restorative Justice practices.

21.3. Voluntary Resolution processes (such as Mediation or Restorative Justice practices) allow Complainants and Respondents to identify and select appropriate resolution options that are agreed upon by all relevant participants. These processes necessarily require the consent of individuals to participate. Voluntary Resolution processes may include direct engagement and communications between Complainant(s), Respondent(s) and others, or communication may be facilitated through a third-party assigned by the Human Rights office if necessary to maintain and/or support healing and wellness.

21.4. If the Complainant is satisfied by the actions taken through Voluntary Resolution, the Complainant will provide a written confirmation to the Case Specialist, at which point the Report will be deemed resolved.

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- 21.5. If no satisfactory resolution is achieved voluntarily, the Complainant may consider pursuing an Investigation and will notify the Case Specialist in writing to request an Investigation.
- 21.6. Where it is determined that an Investigation will be conducted, the Human Rights Office will:
- a) Appoint an Investigator.
 - b) Ensure the Complainant is advised in writing that the Report will be investigated. The investigation notice will:
 - i. provide them with contact information for Support Services (if they have not previously received this information); and,
 - ii. inform them that they have the right to be supported and accompanied by a Support Person (which may include legal counsel).
 - c) Ensure the Respondent is advised in writing that a Report has been received and that they are the subject of an Investigation of a Report of Sexual Violence. This notice will, at minimum, be delivered to the Respondent's ontariotechu.net or ontariotechu.ca email account, as applicable. The investigation notice will:
 - i. Advise that an Investigation is being initiated;
 - ii. Contain a brief summary of the allegations;
 - iii. Provide them with contact information for Support Services (if they have not previously received this information); and,
 - iv. Inform them that they have the right to be supported and accompanied by a Support Person (which may include legal counsel).
- 21.7. Once an Investigation process is commenced, if either the Complainant or Respondent leave the University or the Complainant withdraws their Report, the University may suspend the procedure with the option to reinstate the procedure at a later date, or it may continue the procedure to conclusion depending on an analysis of the specifics involved. Factors to be considered may include, but are not limited to, the current stage of the process, whether parties to the complaint are cooperating, the level of detail provided in the Report, and the severity of the allegations.
- 21.8. At any point during the Investigation, the Investigator may set meetings with any individual to obtain further information, ensuring that all elements of Administrative Fairness are upheld. At a minimum, the Investigator will make reasonable attempts to meet with the Complainant and the Respondent and provide them with the opportunity to submit written or other documentary evidence relevant to the case. The Investigator may also require information from witnesses or others.
- 21.9. Respondents are required to cooperate with the University regarding the application of this policy with the following exception: no Respondent is required to participate in an Investigation or other aspect of these procedures if in doing so there is the potential to self-incriminate themselves under criminal law. In this context, a decision not to participate will not be used against a Respondent. However, if a Respondent

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chooses not to participate or respond to the Complainant's allegations, the Investigator may proceed with the Investigation without input from the Respondent.

21.10. During the Investigation, the Complainant and the Respondent will be apprised of the status of the Investigation.

21.11. The Investigator will make every effort to expedite the process without compromising appropriate Administrative Fairness for all parties. The Investigator will inform the parties of the results of the Investigation usually within fifteen (15) Working Days after the evidence gathering phase of the Investigation has been completed.

21.12. Once the Investigator has completed the Investigation, they will notify the Complainant and Respondent and provide them with a copy of a draft investigation report summarizing the evidence obtained during the Investigation. They will be given fifteen (15) working days to provide written comments regarding the draft report for the Investigator's consideration. If the written comments reveal relevant and new information/evidence that had not previously been considered by the Investigator, the Investigator may decide that additional investigation steps or revisions to the draft investigation report are required to meet Administrative Fairness principles.

21.13. If no response is provided, the Complainant and Respondent choose not to participate, or the Investigator determines that the written comments do not warrant revisions to the draft investigation report, the report will proceed as is.

21.14. The Investigator will then make a final determination on whether there has been a violation of the Policy, weighing all evidence submitted on a Balance of Probabilities. The Investigator's determination will be reported in a final investigation report.

22. Decision-Making

22.1. The Investigator will forward a final Investigative package, (including the investigation report, relevant evidence, and written comments from the parties) to the Provost for a decision. The Provost may, depending on the complexities associated with the case, elect to consult an internal or external expert in Sexual Violence. Upon completion of the Provost's review of the investigative package, the Provost will either accept the investigation report or seek further clarification or Investigation from the Investigator.

22.2. If based on the review of the Investigative package, the Provost determines that disciplinary penalties may be required, they will schedule a meeting with the Respondent to hear his/her response, normally within ten (10) working days. If the student fails, without reasonable excuse, to attend the meeting, the Provost will proceed.

22.3. The Provost will determine the appropriate disciplinary penalties pursuant to Section 23 of this Policy and prepare a written decision that will be forwarded to the Respondent and the Case Specialist in a timely manner. Depending on the discipline, other administrative offices may be informed of the discipline as necessary, e.g. the Registrar's Office, the Office of Campus Safety, etc.

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23. Disciplinary Penalties

23.1. If a Student is found to have acted contrary to the Policy, the Provost may impose disciplinary penalties including, but not limited to, one or more of the following:

- a) Written warning;
- b) Conduct contract;
- c) Formal apology;
- d) No Contact order;
- e) Relocation in or eviction from university owned and/or operated housing;
- f) Community service;
- g) Trespass;
- h) Alternative forms of restitution;
- i) Restrictions from specific campus activities or course enrolments;
- j) Suspension or eviction from one or more facilities at the University; and/or
- k) Permanent dismissal.

23.2. If disciplinary penalties are imposed, no refunds or fees will be issued for any University-related activity in accordance with the University's policies.

23.3. The Provost will be responsible for ensuring the implementation and enforcement of any disciplinary penalties. Students who fail to fulfill the terms of the penalties will be subject to further disciplinary proceedings under the Student Conduct Policy.

24. Appeal

24.1. Respondents have the right to appeal the disciplinary penalties imposed under one or both of the following grounds only:

- a) New evidence exists that was not available to the Complainant or Respondent at the time of the original decision (through no fault of their own) that, if considered would likely have altered the outcome of the decision; or
- b) There was a fundamental flaw in the Investigation or decision-making procedures that led to the decision.

24.2. A notice of appeal must be submitted in writing and must set out the specific grounds on which the appeal is being made and provide a summary of evidence in support of these grounds to the Office of the Registrar within ten (10) Working Days of the date of the decision.

24.3. The Non-Academic Appeals Committee will be constituted of the following individuals, who will be selected by the Provost:

- a) Three faculty members who hold a full-time continuing appointment (tenured, tenure track, and teaching faculty) with one being the designated chair; and
- b) Two Students.

Appeals shall be reviewed by a panel of a minimum of three Committee members, as determined by the Chair, provided that at least one Student member and at least two faculty members are present.

24.4. The Office of the Provost will provide to the Non-Academic Appeals Committee a copy of the notice of appeal, supporting evidence, the decision letter, and the investigation report.

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In accordance with the University's Fair Processes Policy, the Respondent or the Complainant can request a review of the investigation, decision making process, or the Decision where there is reason to believe that a lack of Administrative Fairness resulted from the following elements:¶
Parties did not receive adequate notice;¶
Processes did not run in a timely fashion; and/or¶

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- 24.5. The Committee Chair will conduct a preliminary assessment of appeals filed under paragraph 24.2 above, and determine whether there is some evidence, which if believed, constitutes grounds under paragraph 24.1. Appeals will be dismissed after the assessment if they do not meet the grounds identified in paragraph 24.1 above, or if it is determined that the appeal is frivolous, vexatious, or made in bad faith. A decision to dismiss the appeal after a preliminary assessment will be communicated to the Respondent in writing.
- 24.6. If an appeal is filed by the Respondent and is deemed to meet the threshold for review, the Complainant will be notified, in writing, that an appeal has been filed and has met the threshold for review.
- 24.7. The Non-Academic Appeals Committee panel will normally meet on the matter within fifteen (15) Working Days of the filing of the written appeal. The Committee will make a decision and communicate it in writing normally within twenty (20) Working Days of its initial meeting.
- 24.8. The Non-Academic Appeals Committee may seek information from the Complainant and Respondent, as well as any witnesses to the incident. The Committee has the discretion to determine how they will receive information, and if an appeal proceeds, a trauma-informed approach will be taken to facilitate the participation of the Complainant and to minimize the potential for re-traumatization.
- 24.9. Participation in the appeal process is restricted to individuals who have a direct role or interest in the proceedings, including the Complainant and Respondent (and their representatives, if any), the members of the Committee, and any witnesses.
- 24.10. The Respondent has the right to know the evidence or arguments presented during the appeal process.
- 24.11. The time limits specified under these procedures may be extended by the Chair of the Non-Academic Appeal Committee at the request of the Respondent or a representative of the Provost's Office, if reasonable grounds are shown for the extension.

MONITORING AND REVIEW

25. This Policy will be reviewed every three (3) years. The Provost, or successor thereof, is responsible for monitoring and reviewing this Policy. Any amendments to this Policy must be approved by the University's Board of Governors.

RELEVANT LEGISLATION

- [Criminal Code of Canada \(R.S.C., 1985, c. C-46\)](#)
- [Ministry of Training, Colleges and Universities Act](#)
- [Ontario Regulation 131/16 Sexual Violence at Colleges and Universities](#)
- [Ontario Human Rights Code](#)

RELATED POLICIES, PROCEDURES & DOCUMENTS

- [Student Conduct Policy](#)
- [Fair Processes Policy](#)

Deleted: <#>If, after considering the written submissions, the Appeal Officer finds that the case does not meet the grounds for appeal set out in Section 27.1, the Appeal Officer will dismiss the Appeal or Review within five (5) Working Days of receipt of the Appeal. Otherwise an appeal hearing will be conducted.¶

Appeal Hearing procedure¶

Appeal hearings will normally be conducted in writing as follows:¶

The Appeal Officer will provide a copy of the notice of appeal and any new supporting evidence to the Provost's delegate.¶

The Provost's Delegate will have ten (10) Working Days to provide the Appeal Officer with a written response to the Appeal. A copy of the written response will be provided to the Appellant.¶

The Appellant will have ten (10) Working Days to provide the Appeal Officer with a final written response. A copy of this response will be provided to the Provost's Delegate.¶

The Appeal Officer will normally issue a written decision to the Appellant and the Provost's Delegate within ten (10) Working Days of their receipt of the Appellant's final written response. The decision will provide the reasons in support of the decision.

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Deleted: <#>**Oral Hearing¶**

At the Appeal Officer's discretion, an appeal may proceed as an oral hearing, or at the Review Officer's discretion, a review may result in an oral hearing, to be conducted in accordance with the University's procedures for conducting oral hearings.¶

In such cases, the Complainant may be required to participate. If so, arrangements will be made to minimize the potential for traumatization of any party through direct contact with the Respondent or having to re-tell their story. Alternate methods of hearing testimony and asking questions may be used including: providing separate rooms before the meeting; alternate means of participation such as telephone, video, pre-recorded answers and statements; prepared written responses; and/or the opportunity to have access to a Support Worker at the time of the hearing.¶

Retaliation¶

Any acts of retaliation or reprisal, or express or implied threat of retaliation or reprisal, against any Complainant or any individual participating in an investigation of Sexual Violence are strictly prohibited under this policy, and may result in disciplinary action. However, if an unfounded complaint is made in bad faith, the Complainant may also be subject to discipline.¶

If at any stage following the receipt of a Report there is evident behaviour or actions of retaliation, or express or implied threat of reprisal against a Complainant, the Case Manager may arrange additional Interim Measures, as appropriate, to protect the

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[Safe Disclosure Policy](#)

[Respectful Campus Policy](#)

Deleted: [Policy against Violence, Harassment and Discrimination in the Workplace](#)[¶]

APPENDIX A – SUPPPORTS AND ASSISTANCE

Services and Assistance on Campus

The following resources and services are available on campus for students who experience sexual violence:

Deleted: - ADVISORY COMMITTEE ON SEXUAL VIOLENCE PREVENTION AND SUPPORT ¶
TERMS OF REFERENCE ¶
 The University Advisory Committee on Student Sexual Violence Prevention and Support to provides advice and guidance to the Provost on the University's efforts to oppose sexual violence among students on campus. The mandate of the Committee includes: ¶
 (a) Reviewing and recommending revisions to university policies on student sexual violence as needed; ¶
 (b) Advising on training programs for development and delivery to staff, faculty, students, senior administrators, and the University Board of Governors. This training will include the University's process for responding to and addressing disclosures and complaints; ¶
 (c) Identifying updates to supports, services and online content; ¶
 (d) Evaluating the efficacy of programming, activities, and processes related to help-seeking behaviours and advising on changes, where necessary; ¶
 (e) Overseeing the implementation of a survey of students or other University members, as required, relating to the effectiveness of university policies on sexual violence; ¶
 (f) Drafting an annual report highlighting data which includes measures outlined above in this section and those outlined in relevant legislation, as well as making recommendations to the Provost or delegate; and ¶
 (g) Preparing a written annual review to the Office of the Provost and Vice-President Academic detailing recommended changes to the Student Sexual Violence Policy and related procedures. ¶
MEMBERSHIP ¶
 The Committee membership is comprised of the following: ¶
 • Two University Faculty Members appointed by the Provost (one to serve as the Chair) ¶
 • President, Ontario Tech Student Union or delegate ¶
 • Six University students appointed through a student-led selection process involving a call for applications and interview process ¶
 • An academic advisor ¶
 • Two representatives from Student Life ¶
 • Assistant Vice-President, Student Life or delegate ¶
 Every effort will be made to ensure that the membership draws on the University's expertise in the area of sexual violence, and that it also reflects a broad diversity of representation among sexual orientation and gender identity and across the academic programs. ¶
 Members serve on a voluntary basis for a two-year term for staff and one-year term for students with the possibility of renewal for an additional term. ¶
 The Committee will be supported by the Manager, Student Engagement and Equity and the Executive Assistant, Student Life ¶

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Deleted: Student Mental Health Services : Provides professional, short term individual counselling and therapy, referrals for students who require long-term counselling or therapy, wellness activities and initiatives, support groups and mental health consultations for students, staff and faculty. ¶
 905.721.3392; studentlifeline@ontariotechu.ca ¶

<u>Name of Service/Department</u>	<u>Supports Available</u>	<u>Contact Information</u>
<p><u>Human Rights Office</u></p>	<p><u>The university's Human Rights office (HRO) receives initial disclosures from students, helps them understand their rights, and assists them with navigating available resources and supports.</u></p> <p><u>Through confidential, non-judgmental consultations, the HRO helps students decide which services and reporting options (if any) they want to pursue.</u></p> <p><u>The HRO also provides centralized complaint-resolution services on matters related to student sexual violence, discrimination, and harassment, including Mediation, Restorative Justice processes and investigations.</u></p>	<p>Humanrights@ontariotechu.ca</p> <ul style="list-style-type: none"> <u>Arrange a confidential meeting with a Human Rights Specialist.</u> <u>File a Report of Sexual Violence.</u>
<p><u>Student Mental Health Services</u></p>	<p><u>Student Mental Health Services :</u> Provides professional, short-term individual counselling and therapy, referrals for students who require long-term counselling or therapy, wellness activities and initiatives, and support groups and mental health consultations. Students who have been impacted by Sexual Violence can access trauma-informed treatment and support for their wellness and healing by making an appointment. Mental Health Workers provide Students who have experienced Sexual Violence with a safe, therapeutic environment to discuss their experiences, and support Students by:</p> <ul style="list-style-type: none"> <u>Creating and implementing an appropriate treatment plan;</u> <u>Helping Students to explore pathways for wellness and healing;</u> 	<p><u>905.721.3392</u> studentlifeline@ontariotechu.ca</p>

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	<ul style="list-style-type: none"> • <u>Communicating with Student Accessibility Services for the purposes of arranging Accommodations, with the Student's consent;</u> • <u>Providing referrals to supports and services through external community partners; and</u> • <u>Offering other mental-health related assistance as required.</u> 	
<u>Campus Safety</u>	<u>The Office of Campus Safety is responsible for the safety and security of all students and university employees on campus. Security professionals trained in first aid and CPR provide this service 24 hours a day, 365 days a year. In an emergency, contact Campus Security and an officer will respond immediately.</u>	<u>905.721.8668 ext. 2400</u> <u>For immediate assistance:</u> <u>905.721.3211 (24 hours)</u>
<u>Student Accessibility Services</u>	<u>Student Accessibility Services is responsible for arranging Accommodations based on disability under the University's Procedures for Academic Accommodation for Students with Disabilities (which may include conditions caused or exacerbated by traumatic events, including sexual violence). Student Accessibility Services will seek current documentation from a registered health care professional, such as a physician, psychologist, psychiatrist or Mental Health Counsellor in Student Mental Health Services, to provide Accommodations.</u>	<u>905.721.3266</u> <u>studentaccessibility@ontariotechu.ca</u>
<u>Indigenous Education and Cultural Services</u>	<u>The Baagwating Indigenous Student Centre provides counselling services and promotes Indigenous ways of healing.</u>	<u>905.721.8668 ext. 6795</u> <u>indigenous@ontariotechu.ca</u>
<u>Campus Health and Wellness Centre</u>	<u>To support a healthy lifestyle, the Campus Health and Wellness Centre provides confidential health-care services, including a medical clinic, a pharmacy, and alternative health-care services.</u>	<u>905.721.3037</u> <u>CHWC@dc-ot.ca</u>
<u>Ontario Tech Student Union - Student Rights and Advocacy</u>	<u>The Ontario Tech Student Union's Student Rights and Advocacy Coordinator provides free, confidential advice and offers assistance with petitions, hearings and complaints.</u>	<u>905.721.1609 ext. 3986</u> <u>advocacy.otsu@ontariotechu.ca</u>

Off-campus Services

Emergency and crisis services

<u>Name of Service/Department</u>	<u>Supports Available</u>	<u>Contact Information</u>
<u>Durham Regional Police Service:</u>	<u>If you or someone you know is in immediate danger, call 911. For all other (non-emergency) safety issues, call 1.888.579.1520.</u>	<u>If you or someone you know is in immediate danger, call 911. For all other (non-emergency) safety issues, call 1.888.579.1520.</u>
<u>Distress Centre Durham:</u>	<u>Provides a 24/7 crisis line that anyone can access, and operates other services including Prideline Durham, which provides emotional support, crisis intervention and community referral information specific to the concerns and issues faced by the 2SLGBTQIA+ community.</u>	<u>1.800.452.0688</u>
<u>Victim Services of Durham Region</u>	<u>Provides crisis response, system navigation and advocacy services immediately following a crime or sudden tragedy. Services include: counselling, transportation to safe accommodations, home safety devices, safety planning, help finding financial assistance, provision of basic necessities like food and medication, etc. Services are free and confidential.</u>	<u>905.721.4226</u>
<u>Ontario Coalition of Rape Crisis Centres</u>	<u>The Ontario Coalition of Rape Crisis Centres (OCRCC) is a network of 30+ English-language sexual assault centres in Ontario. Their 24-hour phone lines connect you with someone you can talk to right away. You can also receive crisis counselling, support, and information for support allies (e.g. parents, partners or friends of survivors). Additional services include safety planning, information on victim police reporting and medical options, and strategies for coping with flashbacks, memories and feelings.</u>	<u>Visit the OCRCC web page to find the phone number specific to your location.</u>
<u>Durham Rape Crisis Centre</u>	<u>The Durham Rape Crisis Centre's 24/7 crisis and support lines offer confidential and non-judgmental support and information to anyone who has experienced any form of sexual violence in their lives. Family, partners or friends supporting a sexual violence survivor may also call the line.</u>	<u>905.668.9200</u>

<u>Toronto Rape Crisis Centre</u>	<u>Provides support for anyone who identifies as a survivor of violence, including trans people, non-binary folks, cisgender men and women, and youth. Access a 24/7 crisis line, individual and group counselling, court/medical accompaniment, peer support groups, advocacy, and more.</u>	<u>416.597.8808 (24-hour crisis line)</u>
<u>Support Services for Male Survivors of Sexual Abuse</u>	<u>Provides help for male survivors of past or recent sexual abuse, both recent and historical. The program is the first of its kind in Canada, and is delivered by agencies across the province. Survivors also have access to a 24-hour, multilingual, toll-free phone line for immediate crisis and referral services.</u>	<u>1.866.887.0015</u>
<u>Good2Talk</u>	<u>A free, confidential helpline for post-secondary students in Ontario that provides professional counselling, information and referrals on a range of matters, including sexual violence.</u>	<u>1.866.925.5454;</u> <u>text GOOD2TALKON to 686868</u>

[Health services](#)

<u>Name of Service/Department</u>	<u>Supports Available</u>	<u>Contact Information</u>
<u>Durham Region Sexual Health Clinics</u>	<u>Provides a wide variety of sexual health services including, but not limited to, condoms, Pap tests, low-cost birth control, pregnancy testing, HIV testing/counselling, free treatment of sexually transmitted infections, and sexual orientation, gender identity and relationship counselling and referrals.</u>	<u>Note: An Ontario health card is not required to access services. Various locations including Oshawa, Pickering and Port Perry. Find contact information for the location closest to you.</u>
<u>Lakeridge Health Oshawa – Durham Region Domestic Violence/ Sexual Assault Care Centre</u>	<u>Offers 24/7 emergency medical services for adult victims of sexual assault up to one-week post-assault, and for children under 16 years of age up to three days post-assault. Also provides counselling for victims over 12 years of age who have been assaulted within the past year, as well as safety planning, support and referrals for victims of domestic violence.</u>	<u>905.576.8711 ext. 33286</u>

<p><u>The John Howard Society</u></p>	<p><u>Operates a Women’s Drop-In Program, which provides women involved in sex work in the Durham Region with nutritious meals, hygiene products, laundry, shower, counselling and support, safety planning and harm-reduction supplies.</u></p> <p><u>Operates the Sex Trade Housing Support program, which assists sex trade workers in the Durham Region who are homeless or at imminent risk of homelessness. It is inclusive of youth, adults, persons with disabilities, persons with addictions, mental health issues, and persons involved with the criminal justice system and victims of domestic violence. Although an individual who occasionally trades sex for cash, shelter, etc. may not view themselves as a ‘sex trade worker’, they are still eligible for the program.</u></p>	<p><u>905.244.2602</u></p>
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Combined services

<u>Name of Service/Department</u>	<u>Supports Available</u>	<u>Contact Information</u>
<p><u>Barbra Schlifer Commemorative Clinic</u></p>	<p><u>Provides counselling, legal information, interpreters, and referral for women who have been physically or sexually abused.</u></p>	<p><u>416.323.9149</u></p>
<p><u>Safety Network Durham</u></p>	<p><u>Supports women experiencing abuse and/or any form of gender-based violence by providing co-ordinated access to a range of specialized services.</u></p>	<p><u>1.877.723.3905</u></p>
<p><u>Assaulted Women’s Helpline</u></p>	<p><u>Provides free, anonymous and confidential counselling, safety planning, emotional support, information, and referrals as well as a helpline available 24/7 in more than 200 languages.</u></p>	<p><u>416.863.0511</u> <u>and 416.364.8762 (TTY)</u></p>
<p><u>1inSix</u></p>	<p><u>Offers outreach, education and services in person and online to men who have experienced sexual violence and those who support them. Online services include 24/7 support and anonymous support groups.</u></p>	<p><u>Refer to website for contact information</u></p>

Additional Counselling supports

<u>Name of Service/Department</u>	<u>Supports Available</u>	<u>Contact Information</u>
<u>Family Service Toronto</u>	<u>Provides professional, short-term, individual, couple and family counselling for people who identify as lesbian, gay, bisexual, trans*, queer (2SLGBTQIA+).</u>	<u>416.595.9618</u>
<u>Fem'aide</u>	<u>Offers 24/7 support, information and referrals to services in the community for French-speaking women facing gender-based violence. Fem'aide also addresses inquiries from relatives of women victims of violence.</u>	<u>1.877.336.2433</u>
<u>Paths of Courage Residential Healing Centre</u>	<u>A one-of-a-kind program pioneered by the Sexual Assault Centre for Quinte and District. This free, one-week program provides assault survivors with opportunities to heal, transform and become empowered, while surrounded by nature.</u>	<u>613.476.7000</u>

Legal supports

<u>Name of Service/Department</u>	<u>Supports Available</u>	<u>Contact Information</u>
<u>Office of the Attorney General – Victim/Witness Assistance Program</u>	<u>Provides crisis intervention, emotional support, court preparation and orientation information, and referrals to community agencies. These services are targeted towards the most vulnerable victims and witnesses of violent crime, including, but not limited to, sexual violence. Services begin once police have laid charges and continue until the court case is over.</u>	<u>1.888.579.2888</u>
<u>Sexual Harassment and Assault Resource Exchange (SHARE)</u>	<u>Supports those who have experienced sexual harassment or assault at work. SHARE provides free, confidential legal advice to workers about all their options to help them make informed decisions about any legal steps they can take, if desired, to address their experience. It also offers referrals, outreach and education. SHARE services are available to all workers in Ontario regardless of age, income, or immigration status.</u>	<u>1.866.625.5179 or 416.597.4900; press option 8 for SHARE or option 6 for Indigenous Services</u> <u>TTY: 416.597.4903 or 1.866.612.8627; press option 8 for SHARE or option 6 for Indigenous Services</u>

Housing supports

<u>Name of Service/Department</u>	<u>Supports Available</u>	<u>Contact Information</u>
<u>Bethesda House</u>	<u>Provides temporary safe shelter, with woman-centred advocacy, outreach, and other services to women, youth and children, supporting them to live free from domestic abuse.</u>	<u>905.623.6050</u>
<u>Herizon House</u>	<u>Provides free, confidential services 24/7 including temporary shelter, support and advocacy for abused women and their children located in Durham and Clarington regions.</u>	<u>1.866.437.4066</u>
<u>Luke's Place</u>	<u>Devoted to improving the safety and experience of abused women and their children as they proceed through the family law process. Luke's Place offers individual and group support, free Summary Legal Advice Clinics, a virtual legal aid clinic for women in remote communities, and more.</u>	<u>1.866.516.3116</u>
<u>Muslim Welfare Centre</u>	<u>A transitional shelter for Muslim women and their children that provides counselling as well as medical, legal, employment and housing referrals. Also provides three meals a day</u>	<u>905.665.0424</u>
<u>The Denise House</u>	<u>Provides a safe house for women and their children who are fleeing violence. In addition to temporary shelter, The Denise House provides counselling, information, referrals, and transitional support. Transportation is available when needed from rural areas in the Durham Region.</u>	<u>905.728.7311</u>

Supports for youth and children

<u>Name of Service/Department</u>	<u>Supports Available</u>	<u>Contact Information</u>
<u>Durham Children's Aid Society</u>	<u>Provides services to children under 16 years of age residing in Durham Region, and their families. Available 24/7 to report any concerns about a child who may be at risk.</u>	<u>905.433.1551</u>

<p><u>Sick Kids' Suspected Child Abuse and Neglect (SCAN) Program</u></p>	<p><u>Offers care, support and assessment to children and teenagers who may have been maltreated, and their families. The SCAN Program provides a link between SickKids and community doctors and hospitals, Children's Aid Societies, police, schools and other community agencies.</u></p>	<p><u>416.813.6275</u></p>
<p><u>The Gatehouse</u></p>	<p><u>The Gatehouse offers support groups for adult survivors of childhood sexual abuse as well as partners.</u></p>	<p><u>416.255.5900</u></p>

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COMMITTEE REPORT

SESSION:

Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

Financial Impact Yes No

Included in Budget Yes No

TO: Governance, Nominations and Human Resources Committee (GNHR)

DATE: May 30, 2024

SLT Lead: Sara Gottlieb, General Counsel

SUBJECT: Respectful Campus Policy Instruments (2024 review)

COMMITTEE MANDATE:

- Under the University’s Act, section 9 (1), the Board of Governors has the power: “to establish academic, research, service and institutional policies and plans and to control the manner in which they are implemented”. The university’s Policy Framework is a key institutional policy that delegates the Board’s power, establishing categories of policy instruments with distinct approval pathways.
- In accordance with its Terms of Reference, one of GNHR’s mandate includes the establishment of human resources policy instruments.

ALIGNMENT WITH MISSION, VISION, VALUES & STRATEGIC PLAN:

- This policy instrument supports the university’s values of integrity and respect by demonstrating the university’s commitment to establishing a safe, inclusive, and equitable culture at the institution.

BACKGROUND/CONTEXT & RATIONALE:

The Human Rights Office plays a significant role in advancing the strategic objective of creating a sticky campus. This work is done with a focus on initiatives to improve the culture within which students learn and employees work. The purpose of the Respectful Campus Policy is to communicate the University’s Human Rights responsibilities and obligations in a central document that applies to all University Members.

Under the Occupational Health and Safety Act, the University is required to review its Respectful Campus Policy and Employee Procedures on an annual basis. The Human Rights Office has conducted its annual review and has made editorial amendments to the Policy instruments. Consistent with requirements under the University's Policy framework, the editorial amendments were approved by the General Council, and the Policy instruments are posted to the University's Policy Library.

NEXT STEPS:

- This report is for information purposes only.

Respectful Campus Policy

Classification number	LCG 1107
Framework category	Legal, Compliance and Governance
Approving authority	Board of Governors
Policy owner	General Counsel
Approval date	April 22, 2021
Review date	April 2024
Last updated	February 13, 2023

Purpose

The Respectful Campus Policy (the “Policy”) outlines Ontario Tech University’s commitment to promote and sustain a respectful and inclusive campus in accordance with the Ontario Human Rights Code (the “Code”), the Accessibility for Ontarians with Disabilities Act, and the Occupational Health and Safety Act (OHSA). The purpose of the Policy is to ensure the campus community is familiar with their various rights, roles, responsibilities and obligations as they relate to preventing and responding to all forms of Harassment and Discrimination.

Definitions

For the purposes of this Policy and associated procedures, the following definitions apply:

“**Barriers**” include attitudes (stereotypes or prejudices), policies, practices, rules and designs that prevent full participation of individuals or groups on the basis of a Protected Ground.

“**Complainant**” refers to an individual who has filed a Report regarding an alleged breach of this policy.

“**Discrimination**” is a distinction, without lawful justification, whether intentional or not, which has the effect of denying benefits to, or otherwise disadvantaging, an individual on the basis of a Protected Ground (defined below). Discrimination may involve direct actions that are discriminatory on their face, or it may involve rules, practices or procedures that appear neutral, but have the effect of disadvantaging one or more groups of people.

“**Discriminatory Harassment**” means engaging in a course of vexatious comment or conduct based on any Protected Ground, that is known or ought reasonably to be known to be unwelcome. Discriminatory Harassment may include, for example, taunting or

mocking someone's race, ridiculing an individual's disability or targeting others with sexual, gender-based or homophobic slurs.

“Disrespect” is behavior that falls short of Harassment, but nevertheless has harmful impacts on the campus environment, e.g. rude, inconsiderate and passive aggressive behavior. Disrespect, if left unaddressed, can escalate to Harassment or Discrimination.

“Duty to Accommodate” refers to the obligation to eliminate the disadvantage, to the point of undue hardship, caused by barriers that exclude individuals or groups protected under the Code from participating in all aspects of their employment, academic endeavors, or use of facilities and housing on campus. Failure to meet the Duty to Accommodate is a form of discrimination. For more on the Duty to Accommodate see the University's Accommodation Policy.

"Employee" means job applicants and individuals performing services directly on the University's behalf, including administrative staff members, Faculty, volunteers and contract employees. Students who are employed during the course of their studies, are "Employees" for the purposes of this Policy when they are engaged in employment activities, but not otherwise.

“Faculty” includes a Faculty Member at Ontario Tech University, and includes those with both limited term and indefinite term appointments, as well as those with paid, unpaid and honorific appointments. For greater certainty, “Faculty” also includes visiting scholars and emeritus professors.

“Harassment” is the term used in this policy instrument to represent all forms of harassment: Discriminatory Harassment, Workplace Harassment and Sexual Harassment.

For greater certainty, Harassment is objectionable and unwanted behaviour that is verbally abusive, vexatious or hostile, that is without reasonable justification, and that creates a hostile or intimidating environment for working, learning or living. Harassment may be intentional or unintentional. While harassment usually consists of repeated acts, a single serious incident that has a lasting harmful effect may also constitute harassment.

Harassing behaviour includes, but is not limited to cumulative demeaning or intimidating comments, gestures or conduct; verbal aggression or yelling; bullying; threats to a person's employment or educational status, person or property; persistent comments or conduct, including ostracism or exclusion of a person, that undermines an individual's self-esteem so as to compromise their ability to achieve work or study goals; abuse of power, authority or position; sabotage of a person's work; humiliating initiation practices; hazing; calling someone derogatory names; spreading of malicious rumours or lies; or making malicious or vexatious complaints about a person.

Harassment does not include the exercise of appropriate managerial or supervisory direction, including performance management and the imposition of discipline; constructive criticism; respectful expression of differences of opinions; reasonable

changes to assignments or duties; correction of inappropriate behaviour; interpersonal conflict; instructional techniques such as irony, conjecture, and refutation, or assigning readings or other instructional materials that advocate controversial positions; and single incidents of thoughtless, petty or foolish words or acts that cause fleeting harm.

"**JHSC**" means the Joint Health & Safety Committee(s) at Ontario Tech University.

"**Mediation**" is a structured process in which parties in dispute are assisted by a third-party to engage in dialogue and attempt to arrive at a mutually agreeable resolution. Mediation is a voluntary process and can only proceed if all parties involved agree to participate.

"**Microaggression**" means a comment or action that negatively targets a group based on a Protected Ground (e.g. a racist, sexist or homophobic comment). Microaggressions may be intentional or accidental, but are nonetheless harmful and stigmatizing to a certain group of people. If allowed to go unchallenged, Microaggressions may escalate to Harassment and/or Discrimination

"**Person(s) of Authority**" include, for the purposes of this policy and related procedures, any person who has charge of a workplace, authority over another Employee or authority in the administration of education, including supervisors, managers, senior management and Faculty leadership (e.g. Deans, Associates Deans, etc.).

"**Poisoned Environment**" is a form of indirect Discriminatory Harassment. It occurs when comments or conduct (including comments or conduct that are condoned or allowed to continue when brought to the attention of a Person of Authority), ridicule or demean a person or group based upon a Protected Ground. The comments or conduct need not be directed at a specific person, and may be from any person, regardless of position or status.

"**Protected Ground(s)**" are the grounds contained in the Ontario Human Rights Code under which individuals are protected against discrimination and harassment. All University Members are protected under the following Grounds: "race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status and disability." Employees are additionally protected under the ground "record of offences."

"**Report**" refers to information about Harassment and/or Discrimination that is reported under the applicable procedures.

"**Reprisal**" includes retaliation, coercion, dismissal, threats or intimidation of anyone who in good faith: raises complaints or concerns, exercises their rights, or participates in a remedial process under this Policy.

"**Respect**" refers to a standard of interpersonal communication and behaviour characterized by self-restraint and consideration for others.

"**Respondent**" refers to any party who is alleged to have engaged in a breach of this policy.

"**Sexual Harassment**" means,

1. engaging in a course of vexatious comment or conduct because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome;
2. making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement and the person knows or ought reasonably to know that the solicitation or advance is unwelcome; or
3. a reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the person.

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Sexual Harassment includes but is not limited to, sexually suggestive or obscene remarks or gestures, negative stereotypical comments based on gender, sex or sexual orientation, gender identity and gender expression.

"**Sexual Misconduct**" refers to physical sexual relations with a student, touching of a sexual nature of a student or behaviour or remarks of a sexual nature toward a student by an employee where, the act constitutes an offence under the Criminal Code of Canada, the act amounts to Sexual Harassment as defined in the Policy, or the act contravenes any other policy, rule or other requirement respecting sexual relations between employees and students, including the Student Sexual Violence Policy and the Ethical Conduct Policy.

"**University Member**" means any individual who at the time of the alleged Policy violation:

- is employed by the University or holds an appointment with the University, including paid, unpaid and/or honorific appointments ("**Employee**");
- is registered as a student, in accordance with the academic regulations of the University ("**Student**"); and/or
- Is otherwise subject to University policies by virtue of the requirements of a specific policy (e.g. Booking and Use of University Space) and/or the terms of an agreement or contract.

Deleted: for the purposes of this policy and related procedures, refers to Sexualized or intimate behaviour by Employees in relation to a Student that is contrary to University Policy. Sexual Misconduct includes, for example, behaviours that fall within the definition of Sexual Harassment and Student Sexual Violence and also includes an employee's failure to disclose to a Supervisor an intimate relationship with a Student when required under the University's Ethical Conduct Policy.¶

"**Workplace**" means any place where Employees engage in any facet of employment activity (e.g. recruitment, training, evaluation and development), including employment activities online, outside the normal place of work, and employment activities that occur outside of normal working hours.

"**Workplace Harassment**" means,

1. engaging in a course of vexatious comment or conduct against an Employee in a workplace that is known or ought reasonably to be known to be unwelcome, and/or
2. Workplace Sexual Harassment - defined as Sexual Harassment against an Employee in the workplace.

Scope and authority

The University's General Counsel is the Policy Owner. The Policy Owner is responsible for overseeing the implementation, administration, interpretation and application of this Policy.

The Policy Owner will ensure the Policy is reviewed as often as is necessary, and in any event, at least annually, in accordance with the University's Policy Framework and relevant Collective Agreements. The JHSC will be consulted on substantive revisions to this Policy.

This Policy applies to all University Members in all aspects of their engagement with the University.

Ontario Tech University has a [Student Sexual Violence Policy](#), which sets out a framework for ensuring that students who experience sexual violence are directed to appropriate supports and services and that includes a set of procedures that are completely student-driven; meaning students decide if they want to file a formal report or to participate in resolution options. Sexual Harassment, as defined under this policy is also defined as Student Sexual Violence when perpetrated by or against a student. In the event that a student alleges sexual violence against an Employee or an employee alleges sexual harassment by a student, all of the rights, roles, responsibilities and obligations established under the Student Sexual Violence Policy will apply to the Student and this Policy and its related procedures will be applied to Employees.

This Policy and its corresponding Procedures do not override or diminish the rights provided to Employees under applicable Collective Agreements, including the right to academic freedom afforded to Faculty. Collective Agreements will supersede this Policy to the extent there is a conflict.

This Policy does not preclude University Members from pursuing resolution through external resources and processes, including those offered by the Human Rights Legal Support Centre, the Human Rights Tribunal of Ontario and the Ontario Labour Relations Board.

Policy

The University promotes a campus environment that is equitable, inclusive and accessible, and does not tolerate, ignore or condone Discrimination or Harassment by or against anyone.

The University is committed to providing a campus environment in which all University Members are treated with dignity, and to fostering a climate of understanding and mutual respect. Excellence in the university community is fostered by promoting the freest possible exchange of information, ideas, beliefs and opinions in diverse forms, and it necessarily includes dissemination and discussion of controversial topics and unpopular points of view. However, [Freedom of expression](#) and freedom of inquiry must be exercised responsibly, in ways that demonstrate active concern and respect for others, including their ability to participate meaningfully in the exchange of information, ideas, beliefs and opinions (refer to the University's [Freedom of Expression Policy](#)).

The University will maintain a respectful campus environment in which the human dignity of each individual is valued, and the diverse perspectives, ideas and experiences of all members of the community are able to flourish. While misunderstandings and conflicts will occur in a complex, demanding and diverse campus environment where collaboration is essential to success, early and informal approaches to resolution should be sought whenever possible and appropriate.

To promote a respectful campus environment:

1. The University will ensure that procedures are in place for the prevention of, and response to Harassment, Discrimination and other breaches of this policy.
2. The University will provide information, instruction and assistance to University Members with respect to Harassment and Discrimination.
3. The University will provide Persons of Authority with information and instruction that will enable them to recognize, assess and address Harassment and Discrimination, and to understand how to respond appropriately when such incidents are alleged. The University will also provide Persons of Authority with information and instruction that will enable them to effectively and quickly address disrespectful behavior, Microaggressions and any other behaviours that negatively impact group cohesion.
4. Any University Member who believes they have been harassed or discriminated against, or have witnessed Harassment or Discrimination, is expected to make good faith efforts to resolve their concerns depending on the circumstances, and/or Report the situation in a timely manner.
5. The University will administer the processes set out in applicable procedures responding to Reports fairly and promptly, with adequate regard to the unique circumstances of each particular case, and in a manner that prioritizes the dignity and privacy of individuals involved.
6. Where applicable and appropriate, the University will make available informal dispute resolution processes such as Mediation in an attempt to resolve disputes and underlying conflict at the heart of a Report.

7. The University will inform and update Complainants, Respondents and relevant Persons of Authority (as appropriate) about the status of dispute resolution processes as they progress.
8. University Members are protected against Reprisal for submitting a Report in good faith, or for participating in a related dispute resolution process. A University Member who believes they have been penalized for submitting a Report in good faith, or for participating in a related investigation, may pursue the allegation of Reprisal by submitting a Report, and/or may pursue a Reprisal complaint through external processes.
9. Reprisal protection does not apply to a University Member who submits a Report that is determined to be frivolous or vexatious, or who exhibits bad faith and/or refuses to cooperate in the course of an investigation; each of which are considered breaches of this policy.
10. The University will respect the privacy of individuals involved in Reports and investigations, ensuring information about a Report is not disclosed, except to the extent necessary to investigate, take corrective action, implement measures to protect the health and safety of University Members and/or restore the learning/work environment, or as otherwise required by law.
11. Personal Information collected under this Policy will be used only for the purposes of administering this Policy, and will be disclosed only on a need-to-know basis, to the extent disclosure is required to fulfill the University's legal obligations under the *Human Rights Code*, the *Occupational Health & Safety Act*, and any other applicable law and/or legal obligations, including any applicable collective agreement. Subject to applicable law, Personal Information collected, used and disclosed under this Policy will otherwise be kept confidential, and will be stored and disposed of in accordance with *Freedom of Information and Protection of Privacy Act* and Ontario Tech University's *Records Management Policy*.
12. University Members who engage in Harassment and/or Discrimination, Reprisal or other breaches of this policy will be held accountable and may be subject to disciplinary measures, up to and including termination of employment or academic expulsion.

ROLES AND RESPONSIBILITIES

All University Members

1. Have a shared responsibility for maintaining a respectful environment that is free from Harassment and Discrimination.
2. Are responsible for familiarizing themselves with this Policy and related procedures;
3. Will refrain from engaging in Harassment, Discrimination, Sexual Misconduct, acts of Reprisal or other breaches of this policy.
4. Will build and maintain positive and productive relationships and demonstrate Respect in their interactions.

5. Will work cooperatively and constructively to resolve conflicts they encounter and seek assistance from a Person of Authority, as appropriate, regarding any escalating conflict they are unable to resolve themselves.
6. Will complete all required Discrimination and Harassment instruction and training within established timelines
7. Will exercise rights under this Policy in good faith using prescribed channels. For more information on reporting Harassment and Discrimination, refer to the procedures for [Employees](#) and [Students](#).
8. Will participate in and cooperate with the Reporting Process and/or any related investigation, including respecting confidentiality obligations.
9. Will comply with the corrective measures imposed by the University under this Policy, subject to relevant collective agreements and other appeal rights.

Persons of Authority

Persons of Authority are responsible for supporting Ontario Tech University in its duty to create and maintain a respectful environment that is free from Harassment and Discrimination. Therefore, Persons of Authority have additional obligations in addition to the expectations for all University Members (above). Persons of Authority:

1. Will cultivate a respectful and inclusive environment where people feel safe to raise concerns;
2. Will ensure expected standards under this Policy are adhered to, including addressing and resolving Microaggressions and other disrespectful behavior should they occur;
3. Will lead by example, acting with Respect and modelling positive relationship building and constructive conflict resolution skills in dealings with all University Members, and in particular, those under their authority;
4. Are responsible for ensuring University Members under their authority are aware of this Policy and its associated procedures;
5. Will avoid the appearance of favoritism and unfairness by following and promoting adherence to evidence-based decision-making and the principles of non-Discrimination outlined in this Policy;
6. Will consider seriously each incident, concern or Report brought forward by taking immediate action to stop any Discrimination, Harassment or other inappropriate behavior, whether the subject of a formal complaint or not, by following policies and procedures to the extent necessary to ensure compliance (note: A Person of Authority cannot agree “to do nothing,” even when that is requested by a University Member);
7. Will inform the Human Rights Office about all activities related to Discrimination and Harassment or other concerns and Reports related to this Policy; and,
8. Will cooperate with the Human Rights Office to implement recommendations and restore areas under their authority that have been disrupted by alleged or actual Policy violations, or complaint resolution processes.

Human Rights Office

1. The Human Rights Office Is responsible for the interpretation and administrative direction of this policy and its associated policies and procedures to ensure their compliance with regulatory requirements and will take primary responsibility for updating related procedures applicable to Employees and Students, ensuring that all related procedures are reviewed as often as is necessary in consultation with all appropriate departments.
2. The Human Rights Office will oversee dispute resolution processes, determine needs and engage specialist support, as necessary, for investigation, fact finding, Mediation or other interventions required to restore the campus to a positive and productive environment, including:
 1. receiving and responding to Reports from all University Members while ensuring Reports are responded to appropriately using informal and formal dispute resolution methods in a timely and equitable manner, as outlined in this Policy and in related procedures;
 2. ensuring the appropriate departments and/or individuals are advised of a Report, where appropriate; and,
 3. ensuring the outcome of an investigation under this Policy, is communicated in writing to Complainant(s), Respondent(s) and relevant Persons of Authority to support corrective and restorative measures.
3. The Human Rights Office is also responsible for:
 1. ensuring that copies of this Policy and related procedures are posted on a University website; and,
 2. Submitting an Annual Report to the Board of Governors about statistics and trends in human rights complaint activities and other program initiatives

Human Resources

1. Human Resources is responsible for the following compliance obligations under the *Occupational Health & Safety Act*
 1. providing Employees with appropriate information and instruction with respect to Workplace Harassment, including notifying them of this Policy and its related procedures;
 2. ensuring all Persons of Authority are provided with information and instruction that will enable them to recognize, assess and address Workplace Harassment in their respective workplaces, and will ensure Persons of Authority are aware of this Policy and related procedures;
 3. ensuring that copies of this Policy and employment-related procedures are posted on the established health and safety bulletin boards where it is likely to come to the attention of Employees; and,
 4. ensuring the corrective actions taken as a result of an investigation (if any), are communicated in writing to Complainant(s) and Respondent(s) who are Employees;
2. Human Resources is also responsible for:
 1. providing Employees and Persons of Authority with appropriate information and instruction with respect to Discrimination and

- Discriminatory Harassment, including notifying them of this Policy and its related procedures;
2. Assisting Persons of Authority, in consultation with the Human Rights Office, to address Microaggressions and other disrespectful behaviors that occur in the employment context; and,
 3. Assisting Persons of Authority to implement corrective and restorative measures in areas under their authority that have been disrupted by alleged or actual Policy violations, or complaint resolution processes.

Student Life

1. Student Life is responsible for:
 1. Providing Students with appropriate information with respect to Discriminatory Harassment and Discrimination, including notifying them of this Policy and its related procedures; and,
 2. Assisting Persons of Authority, in consultation with Human Resources and/or the Human Rights Office, to address Microaggressions and other disrespectful behaviors that occur in the academic or on-campus housing context.

Monitoring and review

This Policy will be reviewed as necessary and at least every year. The University's General Counsel, or successor thereof, is responsible to monitor and review this Policy.

Relevant legislation

Human Rights Code, R.S.O. 1990, c. H.19

Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005

Occupational Health and Safety Act, R.S.O. 1990, c O.1, as amended

[Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19](#)

Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c F. 31

Related policies, procedures & documents

1. Academic Accommodation for Students with Disabilities [[Procedures](#)]

Access to Information and Protection of Privacy Policy

Accessibility [\[Policy\]](#)

Accessible Customer Service [\[Policy\]](#)

Accommodation for Employees and Job Applicants with Disabilities [\[Procedures\]](#)

Change of Gender [\[Policy\]](#)

Exempt Academic Staff [Policy]

Exempt Academic Staff Employment (Deans, Associate Deans and Teaching Staff
Governors [Procedures]

Freedom of Expression [Policy]

Limited Term Academic Associates [Procedures]

Emergency Management Plan and Procedures

Fair Processes Policy

Non-Academic Staff Policies

Student Sexual Violence Policy and Procedures

Procedures to Prevent and Address Discrimination and Harassment by or Against
Employees

Procedures to Prevent and Address Discrimination and Harassment by or Against
Students

Records Management Policy

Joint Health and Safety Committee Terms of Reference

Occupational Health and Safety Management System

Student Conduct Policy

Medical Cannabis Use by Students [\[Procedures\]](#)

Service Animals [Procedures]

Use of Memory Aids by Students with Disabilities [\[Directives\]](#)

Use of Audio Recording of Lectures by Students with Disabilities [\[Directives\]](#)

Procedures for Accommodating Employees and Job Applicants with Disabilities

Procedures for Academic Accommodation for Students with Disabilities

Procedures to Prevent and Address Discrimination and Harassment by or Against Employees

Classification number LCG 1107.02

Parent policy Respectful Campus Policy

Framework category Board

Approving authority Senior Leadership Team

Policy owner General Counsel

Approval date April 22, 2021

Review date April 2024

Last updated Editorial Amendments, February 13, 2023

Purpose

The purpose of this procedure is to establish a dispute resolution framework for the prevention and handling of Employee-based ~~alleged breaches of the Respectful Campus Policy (“the Policy”)~~; ensuring the University effectively addresses and responds to Reports consistent with legislative obligations.

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Definitions

For the purposes of these Procedures the following definitions apply:

“**Administrative Fairness**” refers to the following set of principles used in the University’s investigation and decision-making processes:

- The Complainant, if any, is given a full and fair opportunity to raise allegations and provide relevant and material evidence in support of those allegations;
- The Respondent knows what the allegations are, receives enough information to provide a meaningful response, and is given a full and fair opportunity to provide relevant and material evidence responding to the allegations;
- The parties receive adequate notice of the nature of the proceedings and of the issue to be decided;
- The decision-maker is required to be impartial and free from bias;
- The decision maker is required to consider all of the relevant information and evidence before them, taking into consideration the circumstances of the particular matter, including its complexity and the requirements of fairness and due process;
- The decision-making processes run in a timely fashion;

- The complaint parties may have a support person and/or representation during dispute resolution meetings; and
- The parties are provided the reasons for the decision.

"Balance of Probabilities" means an investigative standard that must be met to determine whether a violation of the policy has occurred based on a finding that "it was more likely than not" that the offence at issue was committed by the Respondent. This is a lower standard than beyond a reasonable doubt, but more than mere suspicion.

"Complainant" refers to an individual who is alleged to have experienced Discrimination, Harassment and/or Reprisal.

"Discrimination" is a distinction, without lawful justification, whether intentional or not, which has the effect of denying benefits to, or otherwise disadvantaging, an individual on the basis of a Protected Ground (defined below). Discrimination may involve direct actions that are discriminatory on their face, or it may involve rules, practices or procedures that appear neutral, but have the effect of disadvantaging one or more groups of people.

"Discriminatory Harassment" means engaging in a course of vexatious comment or conduct, against a University Member in the course of employment or receipt of service, based on any Protected Ground, that is known or ought reasonably to be known to be unwelcome. Discriminatory Harassment may include, for example, taunting or mocking someone's race, ridiculing an individual's disability or targeting others with sexual, gender-based or homophobic slurs.

"Disrespect" is a behaviour that falls short of Harassment, but nevertheless has harmful impacts on the campus environment, e.g. rude, inconsiderate, and passive aggressive behaviour. Disrespect, if left unaddressed, can escalate to Harassment or Discrimination.

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"Employee" means job applicants and individuals performing services directly on the University's behalf, including administrative staff members, Faculty, volunteers and contract employees. Students who are employed during the course of their studies, are "Employees" for the purposes of this Policy when they are engaged in employment activities, but not otherwise.

"Extenuating Circumstances" means circumstances outside of the investigator's control that result in delays in the dispute resolution processes described in this procedure. Extenuating circumstances include, but are not limited to, having multiple witnesses, difficulty in scheduling interviews, availability of resource persons or materials, time of year, involvement of law enforcement or existence of a judicial hearing, or other circumstances that may arise through the course of the investigation.

"Faculty" includes a Faculty Member, or previous Faculty Member, at Ontario Tech University, and includes those with both limited term and indefinite term appointments,

as well as those with paid, unpaid and honorific appointments. For greater certainty, "Faculty" also includes visiting scholars and emeritus professors.

"Harassment" Is the term used in this policy instrument to represent all forms of harassment: Discriminatory Harassment, Workplace Harassment and Sexual Harassment.

"Interim Measures" mean temporary measures designed to prevent additional acts of Harassment or Discrimination and/or to protect the safety of the Complainant or others. Interim Measures are instituted at any point following a Report and prior to a determination being made under this Policy. Interim Measures take into consideration the severity of the allegations and the varying risks associated with the potential for subsequent acts of Harassment or Discrimination. Examples of interim measures include, but are no limited to, transfer to a different work location, administrative leave, and no contact orders.

"Investigation" refers to a review by the University into alleged breaches of Policy.

"Investigator" refers to an individual assigned under this Policy to complete an Investigation, and who has the required training and experience to conduct a fair and objective Investigation.

"JHSC" means the Joint Health & Safety Committee(s) at Ontario Tech University.

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"Mediation" is a structured process during which parties in dispute are assisted by a third-party to discuss a dispute and attempt to arrive at a mutually agreeable resolution. Mediation is a voluntary process and can only proceed if all parties involved agree to participate. Depending on the circumstances, mediation may result in a signed agreement summarizing the agreed upon terms of settlement.

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"Microaggression" means a comment or action that negatively targets a group based on a Protected Ground (e.g. a racist, sexist or homophobic comment). Microaggressions may be intentional or accidental but are nonetheless harmful and stigmatizing to a certain group of people. If allowed to go unchallenged, Microaggressions may escalate to Harassment and/or Discrimination.

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"Person(s) of Authority" include, for the purposes of this Procedure, any person who has charge of a workplace, authority over another Employee or authority in the administration of education, including supervisors, managers, senior management and Faculty leadership (e.g. Deans, Associates Deans, etc.).

Moved up [1]: "JHSC" means the Joint Health & Safety Committee(s) at Ontario Tech University.¶

"Protected Ground(s)" are the Grounds contained in the Ontario Human Rights Code under which individuals are protected against discrimination and harassment. All University Members are protected under the following Grounds: "race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status and disability.," Employees are additionally protected under the ground "record of offences."

"**Report**" refers to reported allegations of discrimination, harassment, or reprisal made by or against a University Employee.

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"**Reprisal**" includes retaliation, coercion, dismissal, threats or intimidation of anyone who in good faith: raises complaints or concerns, exercises their rights or participates in a remedial process under the Respectful Campus Policy.

"Respect" is a standard of interpersonal communication and behaviour characterized by self-restraint and consideration for others.

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"**Respondent**" refers to any party who is alleged to have engaged in a breach of the Policy.

"**Sexual Harassment**" means,

1. engaging in a course of vexatious comment or conduct because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
2. making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement and the person knows or ought reasonably to know that the solicitation or advance is unwelcome; or
3. a reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the person.

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Sexual Harassment includes but is not limited to, sexually suggestive or obscene remarks or gestures, and negative stereotypical comments based on gender, sex or sexual orientation, gender identity and gender expression. For the purposes of this Procedure the term "Sexual Harassment" includes incidents of Student Sexual Violence involving an Employee.

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"Sexual Misconduct" refers to physical sexual relations with a student, touching of a sexual nature of a student or behaviour or remarks of a sexual nature toward a student by an employee where, the act constitutes an offence under the Criminal Code of Canada, the act amounts to Sexual Harassment as defined in the Policy, or the act contravenes any other policy, rule or other requirement respecting sexual relations between employees and students, including the Student Sexual Violence Policy and the Ethical Conduct Policy.

Deleted: for the purposes of this procedure, refers to Sexualized or intimate behaviour by Employees in relation to a Student that is contrary to University Policy. Sexual Misconduct includes, for example, behaviours that fall within the definition of Sexual Harassment and Student Sexual Violence and also includes an employee's failure to disclose to a Supervisor an intimate relationship with a Student when required under the University's Ethical Conduct Policy....

"**University Member**" means any individual who at the time of the alleged Policy violation:

- is employed by the University or holds an appointment with the University, including paid, unpaid and/or honorific appointments ("**Employee**");
- is registered as a student, in accordance with the academic regulations of the University ("**Student**"); and/or

- Is otherwise subject to University policies by virtue of the requirements of a specific policy (e.g. Booking and Use of University Space) and/or the terms of an agreement or contract.

"Workplace" means any place where Employees engage in any facet of employment activity (e.g. recruitment, training, evaluation and development), including employment activities online, outside the normal place of work, and employment activities that occur outside of normal working hours.

"Workplace Harassment" means,

1. engaging in a course of vexatious comment or conduct against an Employee in a Workplace that is known or ought reasonably to be known to be unwelcome, and/or
2. Workplace Sexual Harassment (defined as Sexual Harassment against an Employee in the workplace).

Scope and authority

The University's General Counsel is the Policy Owner. The Policy Owner is responsible for overseeing the implementation, administration, interpretation and application of these Procedures.

The Policy Owner will ensure the Procedures are reviewed as often as is necessary, and in any event, at least annually, in accordance with the University's Policy Framework and relevant Collective Agreements. The JHSC will be consulted on substantive revisions to this Policy instrument.

This Procedure applies to Reports made by or against Employees in the Workplace. This procedure necessarily overlaps with other University procedures that are concerned with preventing and addressing incidents of Harassment, Discrimination and Reprisal. Ontario Tech University will administer the overlap according to the following principles:

1. This procedure will be applied to all Reports made by or against an Employee to ensure the University satisfies its commitment to, and its obligations under, legislation and collective agreements.
2. Reports brought forward by a Student involving an Employee who is accused of a breach of the Policy will proceed under this Procedure in conjunction with the Student procedure or the Student Sexual Violence Policy and Procedures, depending on the nature of the allegations.
3. Where it is alleged that a Student has, in their capacity as a Student, engaged in Harassment against an Employee, then the matter will be addressed in conjunction with the relevant Student procedure.

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4. Reports involving a Student who is also an Employee of the University, and who allegedly breached the Policy in the course of their employment, will be handled under this Policy instrument.
5. Where an individual, other than a University Member, is alleged to have engaged in a breach of the Policy against an Employee, Human Resources and/or the Office of Campus Safety will consult with Members at risk, and other Members if necessary, to determine and implement reasonable measures to protect the health and safety of its Employees. Because the University does not have the jurisdiction to compel statements from members of the general public, or to impose sanctions upon them, it will not normally conduct a formal Investigation in such cases.

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This procedure is a mechanism for alternative dispute resolution. It does not preclude complainants from pursuing resolution through external resources and processes, including those offered through grievance arbitration, or by the Human Rights Legal Support Centre, the Human Rights Tribunal of Ontario and the Ontario Labour Relations Board. However, The Human Rights Office may not accept a complaint or may halt dispute resolution processes under this procedure if a complainant decides to pursue external processes or grievance mechanisms on the same or similar matter unless an Investigation is legislatively required.

Procedure

Confidentiality: Information collected under this procedure will be used only for the purposes of administering the policy instrument and may be disclosed only on a need-to-know basis to the extent required to fulfill the University's legal obligations. Personal Information collected, used and disclosed under this procedure will otherwise be kept confidential. To this end:

1. All individuals involved in this procedure will be advised of their duty to maintain the confidentiality of all information disclosed to them in this procedure, including any confidential information disclosed to them.
2. Confidential Information obtained during the Reporting Process will not be disclosed except to the extent that disclosure is necessary for the purposes of investigating Reports, taking corrective action, protecting the health and safety of members of the University community, or as otherwise required by law. For example, information may be shared with the Office of Campus Safety if this is necessary to protect an individual.
3. Complainants and Respondents who are Employees will be advised of the outcome of an Investigation and the corrective actions taken, if any.
4. All records will be maintained in a confidential file, including all related communications, memoranda, reports, statements and evidence. Reasonable steps will be taken to protect against unauthorized access to such documents. These records will be retained, and disposed of, in accordance with the Freedom of Information and Protection of Privacy Act and Ontario Tech University's Records Management Policy.

Reprisal. Any Reprisal, or expressed or implied threat of Reprisal, for making and pursuing a Report under this procedure is itself considered a breach of the corresponding Policy. Any individual experiencing Reprisal may file a Report, and that Report will be processed under this procedure.

Right to a Support Person(s). Individuals who are parties to a complaint and attend an interview or meeting under this procedure may be accompanied by a support person. The role of a support person is to provide moral support. Parties who choose to attend an interview with a support person must choose a support person who is not otherwise connected to the matter under Investigation (such as a witness or fellow Complainant) and will notify the investigator of their support person's name at least 24 hours prior to the meeting. In the case of an Employee who is a member of a bargaining unit, the support person may be a union representative. During an investigative interview, a support person will not be permitted to make legal submissions or arguments on behalf of the individual, or to disrupt the interview. In any event, individuals who are being interviewed must answer the interview questions themselves.

Safety is Paramount: Ontario Tech University has an overriding obligation to protect the safety of all University Members. When a University Member is at risk of imminent harm, we reserve the right to investigate and respond appropriately, independent of a Complainant's and/or Respondent's course of action under this procedure.

Support Services: [The Employee Assistance Program](#) has appropriate support services for Employees who experience Harassment, Discrimination and/or Reprisal or to assist Employees who are involved in dispute resolution processes described in this Procedure.

Deleted: [Family](#)

PREVENTATIVE MEASURES

Training: Human Resources will ensure information and instruction is provided to Employees regarding Harassment, Discrimination and Reprisal. Training programs are available on the [Health and Safety Website](#).

Range of Dispute Resolution Options: Several options to resolve Harassment and Discrimination concerns are available for Complainants. Informal approaches can foster prompt resolution and prevent escalation; particularly when concerns are raised expeditiously. These are opportunities for parties to resolve a dispute, ensure the Workplace is free from Harassment and Discrimination and address broader issues that caused or contributed to the dispute.

Talk to the person about their behaviour: Where appropriate, Complainants are expected to make good faith efforts to attempt to resolve matters themselves before filing a complaint. If a person feels they are experiencing Harassment or Discrimination, they should immediately make known to the person responsible that the conduct is unwelcome or offensive. It is important that this message be clear and unambiguous. When presented with a legitimate concern, University Members are expected to make reasonable adjustments to their behaviour to resolve the matter. If addressing the person responsible

could lead to safety risks, or is not appropriate, Complainants may pursue other resolution options outlined in these procedures.

Addressing Disrespect and/or Microaggressions: individuals are encouraged to raise concerns related to disrespect and/or microaggressions to a Person of Authority.

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Consultation: Employees may benefit from having expert information and advice before deciding how to proceed with a concern related to this procedure. Complainants can consult a Person of Authority or may make an appointment with the Human Rights Office. Consultations are confidential and can provide advice, assistance, coaching, and referrals to assist Complainants.

REPORTING

The Reporting Process

Incidents of Harassment, Discrimination and/or Reprisal should be promptly reported to a Person of Authority and/or the Human Rights Office, and no later than one (1) year after the last incident of alleged Harassment, Discrimination or Reprisal. If the Report is related to an Employee in the Human Rights Office, the report should be directed to the University's General Counsel, in which case the General Counsel will have the responsibilities assigned to the Human Rights Office below.

Step 1 – Submitting a Report

1. A "Report", and the corresponding "Reporting Process", is initiated when an individual completes the [Report form](#).
2. Person(s) of Authority who witness or are made aware of incidents of Harassment, Discrimination and/or Reprisal must initiate a Report to the Human Rights Office.
3. The Human Rights Office will, on its own initiative, initiate a Report when it receives information regarding an incident of Harassment, Discrimination and/or Reprisal in the Workplace, unless such a Report has already been submitted by an individual.

Field Code Changed

Step 2 – Interim Measures

4. Upon receiving a Report, the University will immediately determine whether Interim Measures are necessary, considering the severity of the allegations, and the potential risks to University Members. Interim Measures will be implemented where reasonable and appropriate in the circumstances. Person(s) of Authority, the Complainant, Respondent, the Office of Campus Safety or any other relevant stakeholder, may be consulted on a confidential basis, to determine appropriate Interim Measures.

Step 3 – Assessment

5. The Human Rights Office will review the Report and any necessary associated information to determine if the conduct alleged in the Report would amount to Discrimination, Harassment and/or Reprisal. This determination will be based on an assumption that all of the alleged facts were true.
6. If the allegations set out in the Report would not, if true, amount to Discrimination, Harassment and/or Reprisal, the Human Rights Office will respond to the individual submitting the Report in writing, usually within 30 days, advising that the Report has been reviewed, and that the information provided does not support an allegation of Discrimination, Harassment and/or Reprisal under the Respectful Campus Policy. The individual submitting the Report will also be advised that the Human Rights Office may reconsider the Report if additional and significant information is provided. If there is another process or resource at the University that would be more appropriate for the subject matter of the Report, the individual will be advised of this alternative process.
7. If, on the other hand, the information provided would, assuming the alleged facts were true, support a finding that Discrimination, Harassment and/or Reprisal had occurred, the following dispute Resolution options will be considered.

Step 4 – Informal Resolution

8. Where appropriate, an informal resolution process, such as Mediation, can be pursued if the Complainant and Respondent consent to an informal resolution processes being pursued and to its format (Note: informal resolution options are not available related to allegations of Workplace Harassment, which require an investigation).
9. Where those involved in the informal resolution process reach an agreed resolution, that resolution will become binding.
10. Once an informal resolution process has commenced, the Investigation may be delayed, after which, unless a resolution has been reached, the Investigation will re-commence.

Step 5 – Investigation

11. An Investigation will be conducted if informal resolution options are not appropriate in the circumstances or were not successful in resolving the dispute. The purpose of an Investigation is to: gather evidence and witness statements; weigh the evidence; make findings of fact based on the evidence; and, produce an Investigative report. In an investigation under this Procedure, the Investigator must make a determination having weighed the evidence on a Balance of Probabilities that either: (1) a policy breach occurred; or (2) a policy breach did not occur.
12. The Human Rights Office will ensure an Investigation process that is appropriate in the circumstances and that complies with Administrative Fairness requirements. At this stage, consideration will be given to whether the investigation will be conducted internally or externally. The Human Rights Office will review the collective agreement(s) of any individuals involved in the Report, and will ensure the procedural rights granted to those individuals under their respective collective agreements are maintained.

13. The assigned investigator has the authority to access evidence (documentary, electronic, audio, visual) and schedule meetings as necessary to complete a thorough review of the allegations and to draw findings of fact.
14. The Human Rights Office will ensure the complainant and respondents involved in an Investigation, and their respective bargaining agent(s), where applicable, are informed and updated regarding the investigation process that will be adopted in each particular case.

Step 6 – Determination & Corrective Action

15. The Human Rights Office will ensure that the results of the investigation are brought to the attention of, and reviewed by, the appropriate Person(s) of Authority.
16. In the event that the Investigation found a breach of policy, the investigator will make recommendations to adequately resolve the inappropriate behavior and restore the Workplace. Human Resources will advise the Person(s) of Authority with respect to appropriate corrective measures, if any, to be taken, including measures aimed at preventing Reprisal.
17. Where an Employee is found to have engaged in acts of Harassment, Discrimination and/or Reprisal, corrective measures may include non-disciplinary actions (e.g. education) or disciplinary measures (e.g. a written reprimand, a suspension or termination). Human Resources will ensure such reasonable steps are taken to prevent a recurrence.
18. Employees that are members of a bargaining unit shall have any corrective measure(s) imposed in accordance with applicable collective agreement requirements.
19. Information about investigation outcomes or corrective actions will be provided in accordance with the procedural requirements of any relevant collective agreement and any applicable laws. At the conclusion of an investigation, The Human Rights Office will ensure that any Complainant and any Respondent are informed, in writing, of the outcome of the investigation. Human Resources will ensure that any corrective actions taken or that will be taken are communicated to the Complainant (Employee) and Respondent (Employee) in writing.
20. The Relevant Person(s) of Authority will be responsible for implementing recommendations (including corrective action) in consultation and with the support of Human Resources.

Monitoring and review

This Procedure will be reviewed as necessary and at least every year. The University's General Counsel, or successor thereof, is responsible to monitor and review this Policy.

Relevant legislation

Human Rights Code, R.S.O. 1990, c. H.19

Occupational Health and Safety Act, R.S.O. 1990, c O.1, as amended

[Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19](#)

Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c F. 31

Related policies, procedures & documents

Respectful Campus Policy

Accommodation Policy

Accommodation for Employees and Job Applicants with Disabilities

Academic Staff Employment Policies

Access to Information and Protection of Privacy Policy

Emergency Management Plan and Procedures

Fair Processes Policy

Non-Academic Staff Policies

Policy to Prevent and Respond to Sexual Violence for Students

Procedures for Responding to Incidents of Sexual Violence

Records Management Policy

Joint Health and Safety Committee Terms of Reference

Occupational Health and Safety Management System

Student Conduct Policy

Ontario Tech-Durham College Threat Assessment Procedures

Work Refusal Procedures

BOARD OF GOVERNORS
Governance, Nominations and Human Resources Committee (GNHR)

Minutes of the Public Session of the Meeting of March 21, 2024
2:00 p.m. to 2:10 p.m. Videoconference

Attendees: Maria Saros (Chair), Laura Elliott, Steven Murphy, Gaurav Singh, Dwight Thompson, Emily Whetung

Regrets: Mitch Frazer

Staff: Kristie Ayotte, Jamie Bruno, Disha Gupta, Barb Hamilton, Krista Hester, Lori Livingston, Ruth Nyaamine, Sarah Thrush, Lauren Turner

Guests: Frank Carnevale, guest governor

1. Call to Order

The Chair called the meeting to order at 2:00 p.m. and read aloud the land acknowledgement.

2. Agenda

Upon a motion duly made by L. Elliott and seconded by S. Murphy, the Agenda, including the contents of the consent agenda, was approved as presented.

3. Conflict of Interest Declaration

There was none.

4. Chair's Remarks

The Chair welcomed everyone to the meeting, wishing Muslim friends and colleagues a blessed Ramadan. She thanked all members for their ongoing engagement and support throughout the academic year.

5. President's Remarks

The President updated the Committee on the limited information available about the government's response to the Blue-Ribbon Panel report. He noted that the tuition fee freeze will continue for at least three more years. For the same time period, a one-time only \$900 million funding grant has been allocated for the entire college and university sector. The University does not know what portion of that grant it will receive. The President noted that the total grant allocated is less than half the Blue-Ribbon Panel recommendation required for sustainability in the

sector. The President also noted that unfortunately there is no report on the international student file while the other province's attestation letters have started going out. He noted that the sector is anticipating a minimum 25% reduction.

6. Governance

6.1 Board Practices Assessment

The University Secretary presented the Board Practices Assessment, noting that it has been significantly revised since last year. She drew the Committee's attention to the combination of the Board and Committee Assessments, a revision made to increase efficiency. The Assessment has also been shortened to avoid duplication while still covering key topics and providing free text opportunity for governor input. To drive for a desired 100% response rate, the Committee recommended that governors be reminded to complete the Assessment.

7. Consent Agenda

7.1 Minutes of the Public Session of the Meeting of February 1, 2024

Upon a motion duly made by L. Elliott and seconded by S. Murphy, the Consent Agenda was approved as presented.

8. Adjournment

There being no other business, upon a motion duly made by L. Elliott, the public session adjourned at 2:10 p.m.

Lauren Turner, University Secretary

COMMITTEE REPORT

SESSION:

Public
Non-Public

ACTION REQUESTED:

Decision
Discussion/Direction
Information

TO: Governance, Nominations & Human Resources Committee (GNHR)

DATE: May 30, 2024

PRESENTED BY: Jamie Bruno, VP, People and Transformation

SUBJECT: 2023 DCPP Pension Governance Compliance Report

COMMITTEE MANDATE:

As part of GNHR’s oversight of the university’s human resources policies, strategies and plans, the Senior Administration (Pension & Benefits) Sub-Committee (SASC) provides the committee with an annual report on compliance with respect to the University of Ontario Institute of Technology Pension Plan Governance Structure and Pension Plan Processes.

The SASC is seeking GNHR’s recommendation to the Board for approval of the 2023 Pension Governance Compliance Report.

BACKGROUND/CONTEXT & RATIONALE:

Ontario Tech University is the sole sponsor of the university’s pension plan. The pension plan is a member-investment directed defined contribution pension plan (DCPP) registered with the Financial Services Regulatory Services and the Canada Revenue Agency, and governed by the *Pension Benefits Act (Ontario)* and the *Income Tax Act, Canada*, respectively.

The SASC exercises overall responsibility for the proper administration of the DCPP, and administration and investment of the fund. SASC’s responsibilities are carried out by three members of senior management:

- Vice-President, People and Transformation
- Vice-President, Administration
- General Counsel

The SASC is also responsible for reporting to GNHR and certifying that all aspects of the *University of Ontario Institute of Technology Pension Plan Governance Structure and Pension Plan Processes* have been met.

With respect to the year January 1 – December 31, 2023, SASC certifies that the responsibilities and processes set out in the accompanying report have been fulfilled and completed, unless indicated in yellow

NEXT STEPS:

1. The attached report will be distributed to the Board of Governors at the meeting on June 27, 2024 for information.

SUPPORTING REFERENCE MATERIALS:

- 2023 Annual Pension Plan Governance Report

BOARD OF GOVERNORS

As the guiding mind of the University of Ontario Institute of Technology (Ontario Tech University), the Board is the legal plan administrator and, as such, has general oversight responsibility for the administration of the Plan and the administration and investment of the Fund. The Board has established a governance system for the Plan and Fund, which delegates most of the functions relating to the Plan to the Senior Leadership Team (SLT). The Board plays an oversight role vis-à-vis the Plan, with its main responsibilities being to receive and consider reports from the Governance, Nominations & Human Resources Committee and the Audit & Finance Committee (to which the SLT reports) and to approve Plan design changes recommended by the Governance, Nominations & Human Resources Committee. The Board also appoints the auditor for the Plan and receives reports on risk management issues from the Audit & Finance Committee. The Board may also receive submissions from the Pension & Benefits Committee if that Committee feels that it is necessary to bring a matter directly to the Board's attention.

Board of Governors Checklist January 1, 2023 to December 31, 2023

No.	Item	Completion Date ¹	Action Required/ Taken/Comments
1.	Establishes and updates the governance system for the Plan on the recommendation of the Governance, Nominations & Human Resources Committee	November 2013	As required
2.	Approves design changes to the Plan ¹ on the recommendation of the Governance, Nominations & Human Resources	2023/24	
3.	Appoints the Plan auditor	2023 N/A	None
4.	Receives annual report from the Governance, Nominations & Human Resources Committee	2023 N/A	None
5.	Receives and considers reports from the Audit Committee	2023 – N/A	None
6.	May receive submissions directly from the Pension & Benefits Committee	2023 N/A	None

 Green-completed

 Yellow-in progress

 Red-outstanding

GOVERNANCE, NOMINATIONS & HUMAN RESOURCES COMMITTEE

The Governance, Nominations & Human Resources Committee exercises an oversight role with respect to the SLT, a committee of senior management to which is assigned responsibility for most administrator and employer functions relating to the Plan, including all day-to-day operational matters. The Committee's main function is to receive and consider reports from the SLT/SASC with respect to the administration of the Plan and the administration and investment of the Fund, as well as with respect to certain employer-related matters including the budget for the Plan. The Governance, Nominations & Human Resources Committee is also responsible for ensuring that the Board receives appropriate reporting on pension-related matters and makes recommendations to the Board on Plan design changes. The Governance, Nominations & Human Resources Committee may receive submissions from the Pension & Benefits Committee if that Committee feels that it is necessary to bring a matter directly to the Committee's attention.

Governance, Nominations & Human Resources Committee Checklist

January 1, 2023 to December 31, 2023

No.	Item	Completion Date	Action Required/ Taken/Comments
1.	Receives and considers reports from SLT/SASC on matters relating to the administration and governance of the Plan and Fund	December 2023	At least annually Pension Financial Statements; Pension Audit results & #2 below SIPP
2.	Receives and considers reports from SLT*/SASC on investment options offered under the Plan	2023 - N/A	None
3.	Receives and considers reports from the SLT/SASC on employer-related matters, including the operational budget for the Plan	2023 - N/A	
4.	May receive submissions directly from the Pension & Benefits Committee	None	
5.	Considers Plan design changes and makes recommendations to the Board.	2024	Pension Plan Text will be updated to include previous amendments
6.	Ensures that the appropriate reporting on pension-related matters is made to the Board.	2023	Ongoing
7.	Make changes to the Accountability Tool	2023 - N/A	

Green-completed

Yellow-in progress

Red-outstanding

AUDIT & FINANCE COMMITTEE

The Audit Committee has been assigned certain risk management functions and oversees the Plan audit. In carrying out its functions, it works with the SASC and particularly the VP, Administration.

Audit Board of Governors Checklist

January 1, 2023 to December 31, 2023

& Finance Committee No.	Item	Completion Date	Action Required/ Taken/Comments
1.	Performs risk management functions in relation to the Plan and Fund as part of its ERM responsibilities	November	In accordance with the Committee's normal practices
2.	Oversees pension audit as part of the audit of University of Ontario Institute of Technology (Ontario Tech University) pension plan	N/A	Moved to tri-annually
3.	Receives reports from SLT/SASC/VP, Administration on audit and risk management matters	November	Done
4.	Reports to the Board on risk management and audit issues	November	None reported in Pension Audit

Green-completed

Yellow-in progress

Red-outstanding

SENIOR LEADERSHIP TEAM (SLT)

The SLT is responsible for high level oversight of the sponsor, administration and investment functions. The SLT carries out its functions through a sub-committee, the SASC. As such, the SLT, as a committee of the whole, serves mainly as a resource for SASC (i.e., as a sounding board and/or to get input on issues which could have an impact on the University as a whole), receives reports and recommendations from the SASC, and ensures that appropriate reporting is made to the Governance, Nominations & Human Resources and Audit Committees of the Board. Finally, the SLT may receive submissions from the Pension & Benefits Committee if that Committee feels that it is necessary to bring a matter directly to the SLT's attention.

SLT Checklist

January 1, 2023 to December 31, 2023

No.	Item	Completion Date	Action Required/ Taken/Comments
1.	Receives reports from SASC	Ongoing	SLT meetings held weekly updates provided as required
2.	Considers Plan design changes and makes recommendations to the Governance, Nominations & Human Resources Committee	July 2023	Amendments to the Plan Text include FA contribution changes.
3.	Ensures that appropriate reporting is made to the Governance, Nominations & Human Resources Committee	Ongoing	SLT meetings held weekly updates provided as required
4.	May receive submissions directly from the Pension & Benefits Committee	2023 - N/A	None

Green-completed
Yellow-in progress
Red-outstanding

Senior Administration Sub-Committee (SASC)

The SASC exercises overall responsibility for the proper administration of the Plan and administration and investment of the Fund as well as certain employer-related responsibilities.

SASC’s responsibilities are carried out by three members of senior management, the VP, People and Transformation (VPPT), the VP, Administration and the General Counsel (GC). The main responsibility for the Plan and Fund lies with the VPPT and P&B Staff report to him/her.

One of the main responsibilities of SASC is to oversee the activities of P&B Staff, which has primary responsibility for the day-to-day operations of the Plan. SASC ensures that the appropriate policies for the governance of the Plan and Fund are in place, appoints service providers, executes service contracts, and approves Plan amendments, deals with any material regulatory issues and reports to the SLT, the Governance, and Nominations & Human Resources as necessary or required.

Another key responsibility of SASC is to participate in meetings of the Pension & Benefits Committee and to serve as a liaison between the Pension & Benefits Committee and the SLT.

As a sub-committee of SLT, SASC (or a member thereof) is responsible for reporting is to the Governance, Nominations & Human Resources and Audit Committees of the Board.

SASC Checklist January 1, 2023 to December 31, 2023

No.	Item	Party Responsible	Completion Date	Action Required/ Taken/Comments
1.	Reviewing and approving the completed checklists/reports of P&B Staff	VPPT	May 2024	SASC approved and forwarded to GNHR.
2.	Approving and executing Plan amendments and signing any related regulatory filings.	VPPT/GC ¹ or delegate	2023 - N/A	
3.	Approving and signing all annual regulatory filings	VPPT /GC ¹ or delegate	<div style="background-color: #90EE90; display: inline-block; padding: 2px;">December</div> <div style="background-color: #90EE90; display: inline-block; padding: 2px;">October</div> <div style="background-color: #90EE90; display: inline-block; padding: 2px;">December</div>	Annual Information Return (AIR) – reviewed & filed with FSRA Form 7- Contribution Summary-reviewed and filed with Sun Life (custodian) Financial Statements filed with FSRA

No.	Item	Party Responsible	Completion Date	Action Required/ Taken/Comments
4.	Approves, reviews and amends SIPP	VPPT/ GC, CFO ²	2023 - N/A	No amendments required
5.	Selecting third party service providers and negotiating and executing contracts.	VPPT /VP, Administration	2023 - N/A	None
6.	Liaising with the Audit Committee in connection with the Plan audit; reviewing, approving and signing financial statements.	VP, Administration/VPPT	December	Approved & signed
7.	(a) Chairing the Pension & Benefits Committee and preparing the agenda	VPPT (or delegate)	January, September & November	Preparation of Agenda Approval of Minutes
	(b) Attending the Pension & Benefits Committee	VP, Administration (or delegate)	February & October	Year End & Semi-Annual Pension Investment Performance meeting and discussions.
8.	Receiving and reviewing reports from P&B Staff regarding the performance of third party service providers	VPPT or delegate	February & October	Mercer Canada Investment Reports
			May 2023	Sun Life
9.	Establishing service standards/benchmarks based on recommendations from P & B Staff	VPPT or delegate	February & October	Meetings with SASC as required. Mercer provides investment benchmarks and conducts annual and semi-annual investment performance analysis.

No.	Item	Party Responsible	Completion Date	Action Required/ Taken/Comments
10.	Receiving and reviewing reports from P&B Staff regarding investment performance (and or having in-person meetings with provider(s) and consultants)	VPPT or delegate	February & October	Quarterly Rates of Return/Pension statements provided to all pension plan members with economic outlooks in written & video format. Investment performance posted to HR Pension website and available on Plan member website at SLF. Bi-annual meetings with Mercer (Pension Investment consultant) and subsequent attendance at P & B Committee
11.	Receiving and reviewing member communication and education initiatives	VPPT or delegate	May and November May and November Ongoing	<p>Reviewing your Financial Road map & Living your retirement plan (Sun Life).</p> <p>Individual Consultation Sessions</p> <p>HR Pension Website Resources</p> <p>New hire education video “Value of your plan” launched May 2024.</p>
12.	Reviewing and approving the annual expense budget	VPPT/GC	April	In accordance with normal practice

No.	Item	Party Responsible	Completion Date	Action Required/ Taken/Comments
13.	Considering and approving P&B Staff's recommendations with respect to Plan design changes; initiating recommendations with respect to Plan design changes as required.	VPPT/VP, Administration	2023 - N/A	None
14.	Considering and approving P&B Staff's recommendations with respect to development of new policies and changes to existing policies; initiating policy development as required.	VPPT, GC, VP, Administration	2023 - N/A	
15.	Dealing with material regulatory issues.	VPPT/GC	2023 - N/A	None
16.	Working with the Audit Committee to address risk management issues	VPPT/GC ¹	2023 N/A	None
17.	Overseeing governance review using Canadian Association of Pension Supervisor Authorities (CAPSA) governance tool	VP, Administration/ VPPT ⁴	Ongoing and annual review May	SASC meetings SASC Compliance Certification
18.	Preparing and delivering report(s) to the a) SLT b) Governance, Nominations & Human Resources Committee	GC/ VPPT ⁴	Ongoing Meetings with P & B Staff January & May a) Weekly	Updates provided by P & B Staff to VPPT and SASC SASC Committee Meeting Reporting as required Pension Financial Statements & Pension Audit Report

No.	Item	Party Responsible	Completion Date	Action Required/ Taken/Comments
	c) Audit Committee		December	Pension Financial Statements
	d) Board		December	Pension Financial Statements
19.	Ensuring that the Accountability Tool is completed on an annual basis and maintaining a record of the completed Checklists	VPPT/GC/VP, Administration	May 2023	SASC annual review and compliance certification to the Board

Green- completed, Yellow-in progress, Red-outstanding

1. GC plays an advisory role on an as needs basis.
2. GC and VP, Administration play an advisory role on an as needed basis.
3. VPPT plays an advisory role on an as needs basis
4. VPPT plays an advisory role on an as needs basis

Pension & Benefits (P & B) Committee

The Pension & Benefits Committee serves in an advisory capacity with respect to the Plan. The composition of the P&B Committee and other procedural matters are set out in the P&B Committee Terms of Reference, a copy of which is attached to this Accountability Tool.

The mandate of the P&B Committee includes oversight with respect to the administration, communication, and investment management of the Plan. This includes the ability to make recommendations to SASC to amend and interpret the provisions of the Plan as well as to make recommendations to SASC with respect to the specific matters identified in the P&B Committee Terms of Reference.

P&B Committee Checklist

January 1, 2023 to December 31, 2023

No.	Item	Party Responsible	Completion Date	Action Required/ Taken/Comments
1.	Developing Agenda	VPPT /VP, Administration	February & October	Review of previous minutes and bringing forward any actions completed and provide updates
2.	Transmitting Notice and Agenda	VPPT /VP, Administration	February & October	Agenda and any accompanying materials reviewed prior to P & B committee meeting
3.	P&B Committee Meeting	VPPT /VP, Administration	February & October	Done
4.	Distributing Minutes	Secretary	February & October	Done
5.	Completing Action Items from P&B Committee Meeting	VPPT (or delegate)	<div style="background-color: #90EE90; padding: 2px;">February & October 2023</div> <div style="background-color: #90EE90; padding: 2px; margin-top: 10px;">October 2023</div> <div style="background-color: #90EE90; padding: 2px; margin-top: 10px;">October 2023</div> <div style="background-color: #90EE90; padding: 2px; margin-top: 10px;">November 2023</div> <div style="background-color: #FFFF00; padding: 2px; margin-top: 10px;">2024</div>	<p>Provide Mercer's Reports to new members.</p> <p>Review Environment, Social and Governance (ESG) impacts to target date funds.</p> <p>ESG information to be shared in upcoming Sun Life webinar.</p> <p>Annually, contact members to remind them to review elections, update beneficiaries and review investments. In addition, contact inactive members to provide options for transferring funds out.</p> <p>Review 2024 CAPSA guidelines to ensure compliance.</p>

No.	Item	Party Responsible	Completion Date	Action Required/ Taken/Comments
6.	Maintaining minutes of meetings	Secretary	February & October	Done

Green-completed
Yellow-in progress
Red-outstanding

PENSION & BENEFIT (P&B) STAFF

P&B Staff is responsible for managing the day-to-day operations of the Plan and Fund. Many of the responsibilities in the P&B Staff Checklist may be carried out by third party service providers and in that case P&B Staff's role is primarily one of co-ordination, monitoring and supervision.

P&B Staff is responsible on an ongoing basis for enrolling Plan members, maintaining historical records of individual members, sending each member an annual statement, calculating and processing retirement, termination, marital breakdown and death payments, and responding to questions from members and former members, ensuring contributions are remitted to the custodian, reviewing monthly pension payments from the fund, making recommendations to the VP, People and Transformation (VPPT) with respect to service providers, recommending service standards/benchmarks to the VPPT, monitoring accuracy and timeliness of major services/investment options against established performance standards, explaining and providing written explanations to members about the Plan provision and members' rights and obligations with respect to the Plan, promoting awareness of the Plan and its provisions among the members and beneficiaries, providing member education programs, assisting the VPPT and GC in the negotiation of contracts with third party service providers, ensuring that expenses relating to the operation of the Plan are paid within the budget established by the VPPT and VP, Administration, and ensuring that the Plan is administered in accordance with applicable legislation and all filed documents, including interpreting the Plan document as necessary. P&B Staff also ensures that the Accountability Tool is completed on an annual basis and provided to the VPPT and for maintaining appropriate records.

The attached checklists are intended to assist P&B Staff in carrying out the foregoing responsibilities to form the basis of P&B Staff's report to the VPPT. They consist of an administrative checklist, a regulatory compliance checklist, a key document checklist, and a service provider checklist and accompanying evaluation forms.

P & B STAFF ADMINISTRATIVE CHECKLIST

January 1, 2023 to December 31, 2023

No.	Item	Prepared By	Completion Date	Action Required/ Taken/Comments
1.	Certified copies of all documents that create and support Plan amendments made during the year	Pension & Benefits Staff	May 2022	Amendment for Faculty Association Employee Contributions increased July 1, 2023

No.	Item	Prepared By	Completion Date	Action Required/ Taken/Comments
2.	Information with respect to the remittance of employer contributions to the custodian or reallocation of assets within the Fund.	Payroll and verified by HR P & B Staff	Full time -2023 January to December Monthly Less than Full time or Limited Term-2023 January to December Bi-Weekly	Each pay cycle monthly or bi-weekly, as the case may be, payroll deductions are processed by payroll and verified by P & B Staff Cumulative amounts are monitored to ensure CRA limits do not exceed the maximum permitted under the Income Tax Act 2023 maximum \$31,560
3.	Reports and returns filed with the Financial Services Regulatory Authority of Ontario and Canada Revenue Agency (“CRA”).		December October Tri-annually 2024	Annual Information Return – filed with FSRA Form 7- Contribution Summary Form reported & filed to Sun Life (SLF) Audited Financial Statements filed with FSRA
4.	Summaries of Pension Adjustments (“PAs”).	Payroll	January 2023	2023 Pension Adjustments year-end checked no issues as confirmed by payroll & SLF
5.	Summaries of Pension Adjustment Reversals (“PARs”)	N/A	N/A	Applicable to defined benefits plan only. N/A for the University’s defined contribution plan.
6.	Annual Information Return	Pension & Benefits Staff	December	Done
7.	Form 7, Summary of Contributions/Revised Summary of Contributions	Pension & Benefits Staff	October	Done
8.	Financial Statements	KPMG and Ontario Tech University	December	Done
9.	Copy of SIPP as either confirmed or amended by VPPT	Mercer Investment Consulting Firm	N/A	No longer required

No.	Item	Prepared By	Completion Date	Action Required/ Taken/Comments
10.	Reports on monitoring of investment options	Mercer Sun Life	February October Quarterly & Year End annual reporting	2023 DCPD Annual Investment Monitoring & Plan Governance Review @ December 31, 2023 Semi-annual Investment Monitoring Review @ September 2023 Year End February 2024
11.	Information with respect to the monitoring of Plan expenses	Fees paid by members	Reported quarterly on Member pension statements each quarter	Pension Plan statements available online quarterly and mailed to member's home address in January (yearend statement). Former members with assets on deposit also receive same.
12.	Information with respect to the monitoring of fees charges to members	Sun Life	Reported on Member statements each quarterly	

No.	Item	Prepared By	Completion Date	Action Required/ Taken/Comments
13.	Information with respect to the enrolment of new members	Ontario Tech University & Sun Life	<p>1st day of hire for full time continuing employees (FTE) or;</p> <p>Less than full time or limited term employees (LTEs) when criteria attained</p> <p>Meeting with each eligible pension plan member for enrolment and information session</p>	<p>All FTEs eligible to join on the date of hire (mandatory)</p> <p>Eligibility (voluntary) for less than full time or LTEs employees 24 months of consecutive employment with the University having attained either:</p> <p>a) 700 hours in each of the 2 years or;</p> <p>b) 35% YMPE in each of the previous 2 years*</p> <p>Prior to or on date of hire for FTEs. For LTEs upon meeting eligibility criteria.</p>
14.	Information with respect to the termination and death benefit payments made from the Fund.	Ontario Tech University and Sun Life	Terminations as occurring	Termination reports received monthly & Plan member statement issued annually and targeted communications to reiterate termination options available.
15.	Information with respect to marriage breakdowns	Sun Life	Ongoing	Increase in cases submitted to SLF for 2023
16.	Information with respect to numbers of member and active members	Sun Life	Monthly & at Plan Year (June 30)	Reports available at Sun Life Plan Sponsor website to access current statistics. Plan Year End reports provided directly by SLF for AIR, Form 7, Audit & Financial Statements.

No.	Item	Prepared By	Completion Date	Action Required/ Taken/Comments
17.	Information with respect to the annual statements provided to members, including sample statements.	Ontario Tech University & Sun Life	Ongoing	SLF –quarterly pension statements online at SLF member website. Annual mailing to home address.
18.	Information with respect to the written explanations provided to the members about the Plan provisions and the members’ rights and obligations with respect to the Plan.	Ontario Tech University and Sun Life	<p>DCPP Member booklet</p> <p>July</p> <p>Ongoing</p> <p>Ongoing -Less than full time or limited term employees’ pension personal sign up virtual meeting date of eligibility</p>	<p>Will be updated upon ratification of OPSEU CA.</p> <p><u>DCPP Member Booklet & Retirement Income Options</u></p> <p><u>Pension & Benefits at a Glance</u> ; Non-Union Faculty; Staff –Non-Union; FA; OPSEU & Executive</p> <p>My Money Investment Guide, Sun Life on line retirement and financial literacy tools (risk assessment) and <u>University pension plan website</u></p> <p>Full time continuing Pension and Benefits Personal Sign Up virtual zoom meetings (prior to date of hire)</p> <p>Less than full time or limited term employees’ pension personal sign up virtual meeting date of eligibility</p> <p>Optional membership in the University’s pension plan as per Ontario pension legislation.</p>

No.	Item	Prepared By	Completion Date	Action Required/ Taken/Comments
19.	Information with respect to the educational or other information provided to Plan members about the Plan and financial planning for retirement. <i>(continued on next page)</i>	Ontario Tech University and Sun Life	<p>Ongoing</p> <p>May</p> <p>Ongoing monthly</p> <p>October</p> <p>Ongoing</p>	<p>2023 Financial Wellness Webinars - monthly</p> <p>2023 Spring Session: Reviewing Your Financial Roadmap Webinar One on one sessions with Sun Life representative</p> <p>Targeted communication to members with GIC & GDIA amounts nearing \$100k, for enrolment in SLF Trust to afford protection against unlikely event of SLF default.</p> <p>2023 Fall session: Living your retirement plan One on one sessions with Sun Life representative</p> <p>Sun Life Max Review e-mail Financial Wellness campaign to all members to review pension portfolios (Financial Literacy Month)</p> <p>Quarterly investment Performance reports, economic outlooks video & print</p>
20.	Information with respect to any regulatory or other administrative issues that arose during the year.		N/A	None

No.	Item	Prepared By	Completion Date	Action Required/ Taken/Comments
21.	Information with respect to member complaints	Sun Life	None	
22.	Reports on retention of new service providers/copy of completed third party evaluations		None	
23.	Copies of any legal opinions obtained during the year.		N/A	None
24.	Copy of completed regulatory compliance checklist	Ontario Tech University	May	Pending approval
25.	Report on the results of the reviews of and/or amendments to any Key Plan Documents	Ontario Tech University & Mercer	Ongoing	As required no pension plan text amendments

*YMPE (Year's Maximum Pensionable Earnings)/35% of YMPE

- 2022 YMPE \$64,900/\$22,715
- 2023 YMPE \$66,600/\$23,310

Green-completed

Yellow-in progress

Red-outstanding

P&B STAFF REGULATORY COMPLIANCE CHECKLIST
January 1, 2023 to December 31, 2023

P & B STAFF: REGULATORY COMPLIANCE CHECKLIST

This checklist is intended as a guide to the regulatory responsibilities of Ontario Tech University as the administrator of the University of Ontario Institute of Technology Pension Plan (the “Plan”), an Ontario registered pension plan.

For the purpose of this checklist the following abbreviations are used:

Pension Benefits Act (Ontario)	PBA
Regulations under the Pension Benefits Act (Ontario)	PBA Reg.
Federal Investment Regulations (i.e. sections 6, 7, 7.1 and 7.2 and Schedule III to the PBSA Regulation, 1985 (Canada)	FIR
Income Tax Act (Canada)	ITA
Regulations to the Income Tax Act	ITA Reg.
Financial Services Regulatory Authority	FSRA
Canada Revenue Agency	CRA

P&B STAFF REGULATORY COMPLIANCE CHECKLIST
January 1, 2023 to December 31, 2023

	Legislation	Time Limit (if any)	Person Responsible	Comments
(a) Filing of Plan Documents				
<input type="checkbox"/> File certified copy of plan amendments with Superintendent along with Form 1.1.	PBA s.12(1), (2)	Within 60 days after the date on which the plan is amended.	P & B Staff	None
<input type="checkbox"/> File with Superintendent certified copies of each document that changes the documents that create and support the plan or pension fund (e.g. trust documents). File with CRA as appropriate.	PBA s.12(3) ITA Reg. 8512(2)	Within 60 days after the date on which the plan is amended.	AON Hewitt July 24, 2003 September 13, 2004	Done UOIT (Ontario Tech University) DCPP FSRA – Plan registration CRA – Plan registration
<input type="checkbox"/> File explanation of amendment transmitted to members with Superintendent.	PBA s.26(3) Reg. 3(4)	Within 6 months after registration of the amendment. (If amendment is adverse (i.e. reduces benefits or rights on a go forward basis), Superintendent may require explanation to be provided prior to registration.)	P & B Staff	None
<input type="checkbox"/> If Superintendent dispenses with notice of the amendment required under s. 26(3) of the PBA, then must provide notice of amendment with next annual statement to members.	PBA s.26(4), 27 Reg. 39(2)		P & B Staff	None
<input type="checkbox"/> File copy of notice of adverse amendment provided to members (if such notice was required) with Superintendent and certify details as to classes of persons who received notice, date when last such notice given and that notice was provided as required.	PBA s. 26(1) Reg. 3(3)	Within 30 days after the date on which the last of the notices was transferred. See under section (c) below regarding required disclosure of adverse amendments to members.	P & B Staff	None
<input type="checkbox"/> File certified copy of amendments with CRA along with form T920.	ITA 147.1(4) ITA Reg. 8512(2, (3)	Within 60 days after the date, the amendment is made.	P & B Staff	None

P&B STAFF REGULATORY COMPLIANCE CHECKLIST
January 1, 2023 to December 31, 2023

	Legislation	Time Limit (if any)	Person Responsible	Comments
(b) Reporting Requirements				
<input type="checkbox"/> File an annual information return.	PBA s.20(1) Reg. 18(1), (6), (7) Reg. 37 ITA Reg. 8409(1), (2)	9 months after the plan's fiscal year end. December	P & B Staff	Done -filed with FSRA
<input type="checkbox"/> File financial statements (including auditors' report where plan assets exceed \$3 million)	Reg. 76	N/A	Finance and P & B Staff	As per Mercer's recommendation, moved to tri- annually.
<input type="checkbox"/> Review SIPP and amend/confirm annually.	Reg. 79 FIR, s.7.2(1)	N/A	SASC, P & B Staff in consultation with Mercer Investments	As per Mercer's recommendation, no longer required.
(c) Disclosure to Members				
<input type="checkbox"/> Explain plan provisions to employees who will become eligible to join the plan.	PBA s. 25(2)(b) Reg. 38	Date of Hire or date employee meets with part-time pension eligibility criteria	Payroll and P& B Staff	Full time continuing Pension and Benefits Sign Up meeting (prior to date of hire) Less than full time or limited term employees' pension sign up once eligibility criteria met and if member elects to join

P&B STAFF REGULATORY COMPLIANCE CHECKLIST
January 1, 2023 to December 31, 2023

	Legislation	Time Limit (if any)	Person Responsible	Comments
<input type="checkbox"/> Explain Plan provisions to persons who become eligible for plan membership upon becoming employed.	PBA s. 25(2)(c) Reg. 38	Within 60 days after employees, commence employment. Every eligible employee meets with P & B Staff for sign up Pension and Benefits Sign up meetings prior to date of hire for full time continuing employees. For less than full time employees - on or near the date in which the employee has met the required criteria to join the pension plan	P & B Staff	Eligibility for less than full time or Limited Term –Optional membership Employees 24 months of consecutive employment with the University having attained either: a) 700 hours in each of the 2 years or; b) 35% YMPE in each of the previous 2 years*
<input type="checkbox"/> Provide notice and explanation of non-adverse amendments to affected members.	PBA s. 26(3) Reg. 39(1)	Within 60 days after provincial registration.	N/A	None
<input type="checkbox"/> Provide notice and explanation of adverse amendments to affected members if Superintendent requires.	PBA s.26(1), (2) Reg. 3(3), (4)	At least 45 days prior to registration of the amendment.	N/A	None
<input type="checkbox"/> Provide annual statement of benefits as prescribed.	PBA s.27 Reg. 40(1), (2)	6 months after the plan's fiscal year end.	Sun Life	Quarterly Pension Statements on line at mysunlife.ca Pension Statements mailed annually to home address in January following year end

P&B STAFF REGULATORY COMPLIANCE CHECKLIST
January 1, 2023 to December 31, 2023

	Legislation	Time Limit (if any)	Person Responsible	Comments
<input type="checkbox"/> Make documents that create and support the pension plan and other prescribed information available for inspection by members and others as entitled.	PBA s. 29, 30 Reg. 45	Within 30 days after receipt of written request.	P & B Staff	None
<input type="checkbox"/> Provide termination statement containing prescribed information for termination of employment in situations other than retirement or death.	PBA s. 28 Reg. 41(1), (2), 42	Within 30 days after termination of employment or, where notice of termination is not provided to the administrator prior to the event, within 30 days after receipt of such notice.	Sun Life	Termination statements are issued in 2 weeks from date of departure from the University
<input type="checkbox"/> Where a plan member who is not entitled to a pension or deferred pension terminates employment in situations other than retirement or death, the administrator must pay any refund to which the member is entitled.	Reg. 42(3), (4) 42. revoked: O. Reg. 178/12, s. 40	Within 60 days after termination or, where a member has an option for receiving a refund, within 60 days after receipt of a direction from the member.	Sun Life	Payments made within 30 days upon receipt of member's election to transfer assets out of the Ontario Tech DCP.

P&B STAFF REGULATORY COMPLIANCE CHECKLIST
January 1, 2023 to December 31, 2023

	Legislation	Time Limit (if any)	Person Responsible	Comments
<input type="checkbox"/> Provide retirement statement and options for payment of pension.	PBA s.28 Reg. 44	<p>At least 60 days prior to the member's normal retirement date or the date at which the member has indicated he or she intends to retire.</p> <p>If the administrator does not receive adequate notice of the intended retirement to comply with the 60 day time requirement, the administrator shall provide the required information within 30 days following receipt by the administrator of a completed application for commencement of the pension.</p>	<p>Sun Life</p> <p>N/A</p>	<p>Sun Life transfers the value of the member's pension account in accordance with the member's election within 30 days of the receipt of the member's direction to transfer to a retirement income option.</p> <p>Commencement of pension not directly paid from UOIT DCPN N/A</p> <p>Member direction required to SLF to transfer assets out of the Plan</p>
<input type="checkbox"/> Provide statement of benefits payable upon death to spouse, beneficiary or estate.	PBA s.28 Reg. 43(1)	Within 30 days after receipt of notice of death of member or former member.	Sun Life	None
<input type="checkbox"/> Comply with surviving spouse's election regarding pre-retirement benefits.	Reg. 43(3)	Within 60 days after receiving direction from spouse or same-sex partner.	Sun Life	None

P&B STAFF REGULATORY COMPLIANCE CHECKLIST
January 1, 2023 to December 31, 2023

	Legislation	Time Limit (if any)	Person Responsible	Comments
<input type="checkbox"/> In cases of marital breakdown, calculate the value of the pension, as requested by the member and/or spouse using Superintendent of Financial Services approved forms throughout the process.	PBA s. 67.1 – 67.6 Ont. Reg. 287/11 (Family Matters)	Within 60 days of receiving a completed application	Sun Life	None
(d) Miscellaneous				
<input type="checkbox"/> If benefit transfer request made within 60 days of termination of employment, pay in accordance with request. Must ensure that transfers to retirement savings arrangements or deferred life annuities will be administered as pensions or deferred pensions.	PBA s.42(1), (5), (6), (7) Reg. 20	Within 60 days after request.	Sun Life	Processed upon receipt of completed termination option statement received from members by Sun Life.
<input type="checkbox"/> Ensure all contributions are paid when due.	PBA s.56(1) Reg. 4(4) Reg. 5(1)	Employer contributions in respect of normal costs: within 30 days after the month for which contributions are payable.	Payroll, P & B Staff	Contributions are invested by pay date. Contributions received before 2p.m. invested same day after 2p.m. next day
<input type="checkbox"/> Report to Superintendent if contributions are not made when they become due.	PBA s.56(2) Reg. 6.1	Within 60 days after the day on which the contribution was due.	Sun Life	None reported
<input type="checkbox"/> Provide pension fund trustee with a summary of contributions required to be made.	PBA s.56.1(1) Reg. 6.2(1)	Within 90 days after the pension plan is established for the first fiscal year and within 60 days after the beginning of each subsequent fiscal year.	N/A	Applicable when a contribution is <u>not</u> remitted No delays to report
<input type="checkbox"/> Provide pension fund trustee with a revised summary of contributions required to be made.	Reg. 6.2(2)	Within 60 days after becoming aware of a change in contributions.	N/A	Applicable when contribution is <u>not</u> remitted No delays

P&B STAFF REGULATORY COMPLIANCE CHECKLIST
January 1, 2023 to December 31, 2023

	Legislation	Time Limit (if any)	Person Responsible	Comments
<input type="checkbox"/> Pension Adjustments must be reported to CRA in the appropriate manner.	ITA Reg. 8401	On or before the last day of February of the year following the end of the calendar year.	Payroll	Reported by payroll on the T4 prior to Federal tax deadline of each year
<input type="checkbox"/> Pension Adjustment Reversals must be reported to CRA.	ITA Reg. 8402.01	When the Termination occurs in the 1 st , 2 nd , 3 rd quarter of the calendar year, within 60 days after the last day of the quarter in which the termination occurs. When the termination occurs in the 4 th quarter, before February 1 of the following calendar year.	N/A	This applies to DB plans only and not the University's defined contribution pension plan. No action required
<input type="checkbox"/> Where there is a change in the name or address of person who is administrator or persons who constitute the body that is the administrator, inform the Minister of National Revenue in writing within 60 days after the change.	ITA 147.1(7)(c)		N/A	

Green-completed

Yellow-in progress

Red-outstanding

P&B STAFF: KEY PLAN DOCUMENT CHECKLIST*

This checklist is designed to ensure that a complete record of the key documents used in the administration of the Plan and the administration and investment of the Fund is maintained in an accessible manner and that reviews of the key documents are carried out at regular intervals to ensure they are updated to reflect current information and practices.

P&B STAFF: KEY PLAN DOCUMENT CHECKLIST

January 1, 2023 to December 31, 2023

No.	Document	Last Review Date	Next Scheduled Review Date, if any	Review Completed By	Action Required/ Taken/Comments
1.	Plan text		2024	SASC & P & B Staff	Updating Plan Text to include amendments
2.	Custodial Agreement (under Group Annuity Contract)	November 2017	2022	N/A	RFP conducted Sun Life appointed Effective April 1, 2018
3.	Record-keeping Agreement (Sun Life Service Fee Agreement)	November 2017	2022	VPPT	RFP conducted Sun Life appointed Effective April 1, 2018
4.	Insurance Policy Sun Life Group Annuity Contract	November 2017	2022	VPPT	RFP conducted Sun Life appointed Effective April 1, 2018
5.	Statement of Investment Policies and Procedures	September 2020	As required	SASC P & B Staff	
6.	Investment Consulting Agreement	December 2020	2025	VPPT	Mercer Canada appointed effective January 1, 2021
7.	Governance Documentation (including Board resolution approving UOIT Pension Plan Governance Structure and Functions Chart and Accountability Tool)	January 2017	TBD	SASC	SASC annual certification, review and approval of Governance Documentation
8.	Employee Booklet	Completion date for revisions July 2023	N/A	VPPT and P & B Staff	

No.	Document	Last Review Date	Next Scheduled Review Date, if any	Review Completed By	Action Required/Taken/Comments
9.	Service Provider Benchmarks	November 2017	Pension & Benefits Provider 2024 Pension Investment Consultant 2024	SASC	

*Key documents is retained in Human Resources by P & B Staff

Green-completed
Yellow-in progress
Red-outstanding

P&B STAFF: THIRD PARTY SERVICE REVIEW

This checklist is designed to ensure that agents and advisors retained by the Plan are meeting the performance standards expected by the Plan administrator. This is a particularly critical component of the governance system in the case of agents of the Plan administrator. For PBA purposes, an agent is a service provider that is performing a function that the administrator would otherwise have to perform itself (e.g., a record keeper or investment manager) and therefore it is particularly important to ensure the agent is meeting the PBA fiduciary standard of care (as the Plan administrator will be liable if it does not). Advisors fall into a different category since they only give advice to the administrator who makes the ultimate decision on the matter as part of its functions. Nonetheless it is important for the ongoing operations of the Plan that advisors are evaluated to ensure that they are providing their services to the expected standards. Finally, the external auditor falls into its own category in that it is performing specific functions under the PBA. Nonetheless, again, it is important for the Plan administrator to be satisfied that the external is providing its services to the expected standards and to report any issues to the Audit Committee.

A review of the services provided by employees of the Plan administrator should also be undertaken. This review generally occurs as part of the normal course HR processes. Board and management committees should perform self-evaluations at specified intervals (this should be addressed in a governance policy) or from to time may wish to commission third party evaluations of their governance of the Plan.

P&B STAFF: THIRD PARTY SERVICE REVIEW January 1, 2023 to December 31, 2023

No.	Item	Reviewed by	Completion Date	Action Required/ Taken/Comments
1.	Performance Review of Trustee/ Custodian	Mercer	November 2017 Effective April 1, 2018	Market Review Sun Life Next review 2024
2.	Performance Review of Investment Manager, i.e., provider of investment platform for the Plan	P & B advisory committee VPPT	September 2017 Effective April 1, 2018	Market Review Sun Life Next review 2024
3.	Performance Review of Record-Keeper	P & B advisory committee VPPT	September 2017 Effective April 1, 2018	Market Review Sun Life Next review 2024
4.	Performance Review of Investment Consultant	VP, Administration, VPPT, P & B Staff	December 2020 Effective January 1, 2021	Effective January 2021 Contract awarded to Mercer –next review 2025
5.	Performance Review of External Legal Counsel	N/A	N/A	None required
6.	Performance Review of External Auditor	N/A	N/A	None required

Green-completed

Yellow-in progress

Red-outstanding

Plan Governance Activities Report

University of Ontario Institute of Technology

February 2024

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1

Introduction

This report provides a review of plan governance activities for the Ontario Institute of Technology Pension Plan (the “Plan”).

The purpose of this report is to assist University of Ontario Institute of Technology (“UOIT”) in meeting key requirements of the Joint Forum of Financial Market Regulators Guidelines for Capital Accumulation Plans (2004) by providing reasonable oversight on the operations of the Plan and by reviewing the vendor appointed by UOIT for investment administration and recordkeeping services. The Recordkeeper for the Plan is Sun Life Financial (“Sun Life”).

The report reviews the one-year period ending December 31, 2023.

The following table provides an overview of the key features of the current Plan design.

DCPP	
Earnings	Base salary, stipends, and any variable pay, but does not include vacation pay paid as a lump sum upon termination of employment or severance pay
Employee Required Contribution Formula	<p>Faculty Association Members: Effective July 1, 2020: 3.75% of Earnings</p> <p>Non-Union and Ontario Public Service Employees Union (OPSEU) Members: Effective November 1, 2019: 3.5% of Earnings</p> <p>Other Members: 3.0% of Earnings</p>
Employee Voluntary Contribution Formula	1-3% of Earnings
Employer Contribution Formula	<p>Faculty Association Members: Effective July 1, 2020: 7.5% of Earnings</p> <p>Non-Union and Ontario Public Service Employees Union (OPSEU) Members: Effective November 1, 2019: 7.0% of Earnings</p> <p>Other Members: 6.0% of Earnings</p>

DCPP

Employee Supplemental Contribution Formula	Up to 2% (1/2% increments) of Earnings
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Waiting Period	<p>Full- time: Immediate upon date of hire</p> <p>Part- time: 24 months of continuous employment and in each of the past two calendar years have either: a) earned at least 35% of the Year's Maximum Pensionable Earnings b) 700 hours of employment</p>
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Vesting Rules	Immediate Vesting
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Participation	Mandatory
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Executive Summary

MEMBER BEHAVIOUR ANALYSIS

Identifies Plan member investment trends and assists UOIT to establish appropriate communication strategies.

Evaluation Criteria	Action Required
Employment Status	<ul style="list-style-type: none"> There are 945 total members in the Plan of which 91 are inactive members (10% of membership) <p>Consideration: If the number of inactive members is higher than expected, potentially a reconciliation exercise may be warranted.</p> <p>Action: UOIT should continue to work with Sun Life to transition inactive employees out of the Plan. Care should be taken to stay in touch with inactive members and include them within any communication strategy. In certain jurisdictions, regulators may require reporting on missing inactive members or beneficiaries.</p>
Interfund transfers	<ul style="list-style-type: none"> Interfund transfer activity represents 2% of total Plan assets over the one-year period ending December 31, 2023. The largest net transfer outflow was from the BlackRock LifePath Index 2040 while the largest net transfer inflow was into the Sun Life 3-Year GIC. <p>Consideration: The interfund transfer activities observed are in line with typical plan experience.</p> <p>Action: There are no actions required.</p>
Defaulted members	<ul style="list-style-type: none"> For 258 Plan members (27% of membership), there are no investment instructions on file. <p>Consideration: The level of defaulted Plan members is considered average.</p> <p>The plan default continues to be aligned with market practice where an employee is allocated to an appropriate target date fund based on their 65th birthdate.</p> <p>Action: Communication efforts to reach out to defaulted members should continue. This will promote engagement and ensure members remain aware of their financial responsibility under the Plan.</p>

MEMBER BEHAVIOUR ANALYSIS

Identifies Plan member investment trends and assists UOIT to establish appropriate communication strategies.

Member investment behaviour

In review of “Do It For Me members”:

- 50% of total assets are invested 100% in target date funds, which represents 650 of the members.
- The proportion of assets invested 100% in target date funds is considered reasonable.

In review of “Let Me Do It” Plan members:

- 28% of these members have equity allocations below the benchmark band (average less 10%) and may be taking on less risk than recommended under normal circumstances
- 37% of these members have equity allocations above the benchmark band (average plus 10%) and may be taking on more risk than recommended under normal circumstances
- Approximately 8% of members (25 members) have no allocation to equities while 21% of these members (61 members) have 100% allocation to equities

Member investment behaviour

In review of Fund Utilization:

- 93% of the members investing in a single fund option are invested in a single target date fund (“TDF”).
- Approximately 7% of the members are invested in a single option excluding TDF.
- There are 23 members investing all of their assets in the guarantee funds.
- There are 13 members (1% of total members) invested in the BlackRock LifePath Index Retirement despite having greater than 10 years until their expected retirement date, indicating potential confusion regarding the labeling of the fund as a “Retirement Fund”.
- In addition, there are 20 members (2% of total members) who have invested in 3 or more target date funds, which is rarely an optimal combination.

Action: Potential areas to focus member communication efforts include:

- Investment communication on market volatility
- Financial wellness promotional campaign highlighting the support available through Sun Life
- Consider a targeted communication that outlines the benefits of a well-diversified portfolio and /or the long-term risks of investing too conservatively to manage short-term volatility

SEGREGATED FUND TRACKING VARIANCE

Compares the performance of the underlying pooled funds against the funds offered by Sun Life to properly determine if members are adversely impacted due to a high tracking variance with certain fund options offered under the Plan.

Evaluation Criteria	Current Year	Last Year	Action Required
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All segregated fund variances within 30bps range	✓	✓	No action required.
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GUARANTEED INVESTMENT REVIEW

Reports the level of guaranteed investment available to Plan members, credit rating of the guaranteed investment underwriter and competitiveness of the GIC rates paid under the Plan.

Evaluation Criteria	Current Year	Last Year	Action Required
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Rates in compliance with the Service and Fee Agreement	✓	✓	No action required.
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Rates Competitiveness	✓	✓	No action required.
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FEE ANALYSIS

Reviews the fees and administrative costs paid by employees. Provides an evaluation of fee competitiveness by comparing the fees to a subset of plans in the Mercer fee database with comparable characteristics.

Evaluation Criteria	Current Year	Last Year	Action Required
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Fee Competitiveness	✓	✓	No action required.
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LEGISLATIVE UPDATE

Reviews relevant legislative changes (both adopted and pending) that may impact current administrative practices, member communication materials or plan design.

Evaluation Criteria	Action Required
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- | | |
|----------------------------------|--|
| Legislative updates and case law | <ul style="list-style-type: none"> • In June 2023, CAPSA released a second consultation draft of the CAP Guidelines (intended to replace the 2004 version) and a second consultation draft of the guideline around ESG considerations for pension plans (incorporated into a broader risk management guideline) <ul style="list-style-type: none"> – It is anticipated that the CAP Guidelines will be finalized in Spring/Summer 2024 – No action is required until these guidelines are finalized, although plan sponsors may wish to review the intent of these guidelines to start planning accordingly • On June 22, 2023, Bill C-47 received royal assent implementing a variety of amendments to the <i>Income Tax Act (Canada)</i> (ITA), including a more streamlined process for correcting DC pension plan contribution errors |
|----------------------------------|--|

RECORDKEEPER COMPLIANCE

Includes our Recordkeeper Compliance Certificate completed by Sun Life. This document will assist in ensuring that Sun Life is completing required legal and filing requirements, as well as meeting the terms of the Plan and CAP Guideline requirements.

Evaluation Criteria	Action Required
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Recordkeeper Compliance Certificate	No action required.
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2

Member Investment Behaviour Analysis

Distribution of Assets by Fund

The aggregate amount of assets invested in each fund as at December 31, 2022 and December 31, 2023 is as follows:

Asset Class	(%)	Fund	As of Dec 2023			As of Dec 2022	
			# Members	Assets (\$)	Assets (%)	Assets (\$)	Assets (%)
Target Date	58.9%	BlackRock LifePath Index Retirement	44	2,837,052	1.9%	2,730,002	2.1%
		BlackRock LifePath Index 2020	19	2,089,935	1.4%	2,503,477	1.9%
		BlackRock LifePath Index 2025	74	10,049,903	6.6%	9,765,398	7.5%
		BlackRock LifePath Index 2030	106	14,947,699	9.9%	13,385,430	10.2%
		BlackRock LifePath Index 2035	105	12,512,228	8.3%	10,275,765	7.8%
		BlackRock LifePath Index 2040	147	19,228,775	12.7%	16,226,458	12.4%
		BlackRock LifePath Index 2045	181	17,341,921	11.4%	13,554,813	10.4%
		BlackRock LifePath Index 2050	133	6,701,922	4.4%	4,817,878	3.7%
		BlackRock LifePath Index 2055	87	2,536,257	1.7%	1,759,789	1.3%
		BlackRock LifePath Index 2060	54	861,379	0.6%	397,823	0.3%
BlackRock LifePath Index 2065	6	47,836	0.0%	22,154	0.0%		
Fixed Income	3.5%	PH&N Core Plus Bond	107	5,283,774	3.5%	5,047,488	3.9%
Canadian Equity	13.0%	Beutel Goodman Canadian Equity	146	9,561,467	6.3%	8,699,962	6.6%
		CC&L Group Canadian Equity	54	906,012	0.6%	741,022	0.6%
		Fidelity True North	98	4,410,526	2.9%	3,862,893	3.0%
		Beutel Goodman Small Cap	92	4,807,564	3.2%	4,118,042	3.1%
U.S. Equity	10.3%	BlackRock U.S. Equity Index (Reg)	171	15,608,121	10.3%	13,514,777	10.3%
EAFE Equity	2.2%	MFS International Equity	79	2,092,213	1.4%	1,939,856	1.5%
		BlackRock EAFE Equity Index	61	1,185,880	0.8%	1,052,024	0.8%
Global Equity	4.9%	MFS Global Equity	126	5,562,044	3.7%	5,531,531	4.2%
		MFS Responsible Global Research	46	1,935,497	1.3%	2,011,283	1.5%
Guaranteed	7.2%	Sun Life 1-Year GIC	22	1,328,791	0.9%	1,817,090	1.4%
		Sun Life 3-Year GIC	10	1,169,519	0.8%	144,199	0.1%
		Sun Life 5-Year GIC	13	210,499	0.1%	285,075	0.2%
		Sun Life GDIA	70	8,253,330	5.4%	6,821,443	5.2%
Total				\$ 151,470,143	100.0%	\$ 131,025,672	100.0%

Cash Flow Breakdown

The aggregate cashflow in the Plan for the 1-year ended December 31, 2023 is as follows:

Year Ending	2022	2023	Variation
Opening Balance	\$136,739,931	\$131,025,672	-4%
Contributions	\$11,882,781	\$13,013,116	+10%
Withdrawals	\$0	(\$307,259)	+100%
Termination	(\$2,579,623)	(\$8,173,955)	+217%
Investment Gain/Loss ¹	(\$12,615,860)	\$17,082,420	+235%
Other cash flows ²	(\$2,401,556)	(\$1,169,852)	-51%
Closing Balance	\$131,025,672	\$151,470,143	+16%

Note: Total in above tables may not add to due to rounding.

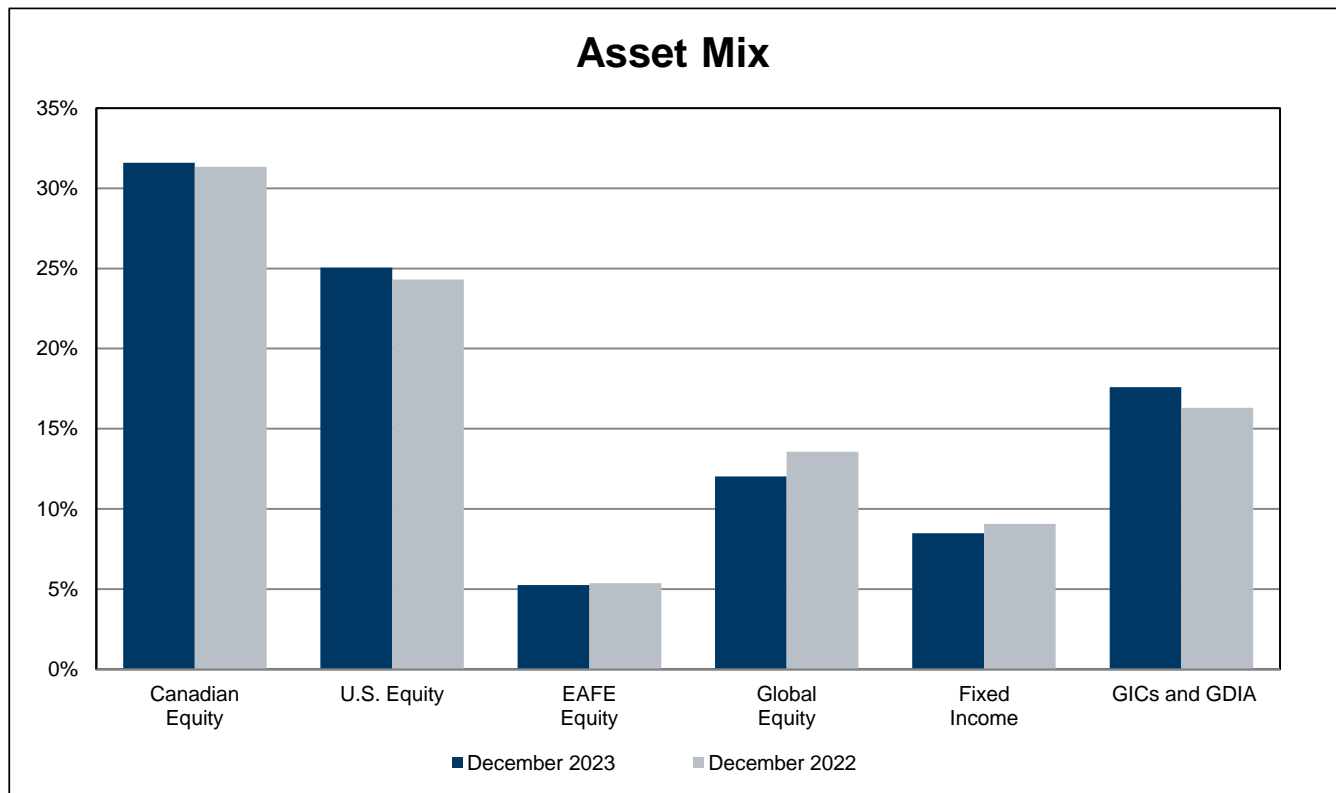
¹ Includes interest and dividends.

² Other net cash flows may include: lump sum contributions, transfers from other carriers, forfeitures, annuity purchases, death payments and other expenses and tax.

Asset Mix – Excluding Target Date Assets

The following asset mix chart shows the breakdown of Plan assets by asset class for the current and previous years under the Plan.

This chart illustrates any trends or shifts in the allocation of Plan assets at the asset class level for all assets excluding investments in target date funds.



Note: Assets in the Fidelity True North fund have been treated as 100% Canadian equity.



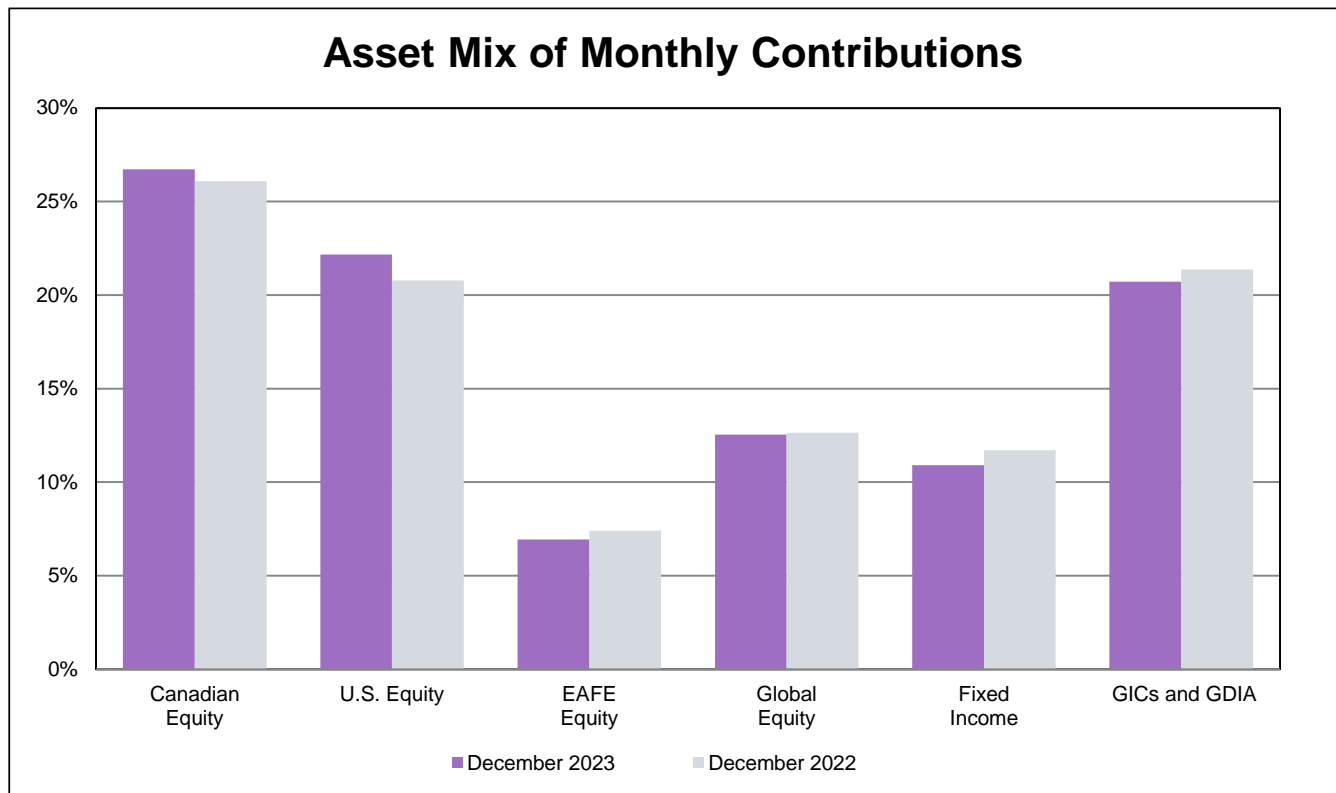
Key Observations

- Approximately 74% of assets are invested in equities, while approximately 26% of assets are invested in fixed income and guaranteed funds.
- Over the year, Canadian equity, U.S. equity and guaranteed assets have increased while EAFE equity, global equity and fixed income assets have decreased as a proportion of the asset mix.
- The majority of equity assets are invested in foreign equities indicating equities have a regional diversification.
- The allocation to guaranteed, at approximately 18% of “Let Me Do It” assets, can be considered high in the context of the longer investment time horizon typically associated with retirement portfolios.

Asset Mix of Contributions – Excluding Target Date Assets

The following asset mix chart shows the breakdown of Plan assets by the asset mix of contributions made in December 2022 and December 2023 under the Plan.

This chart illustrates any trends or shifts in the investment direction of Plan assets at the asset class level for all assets excluding investments in target date funds.



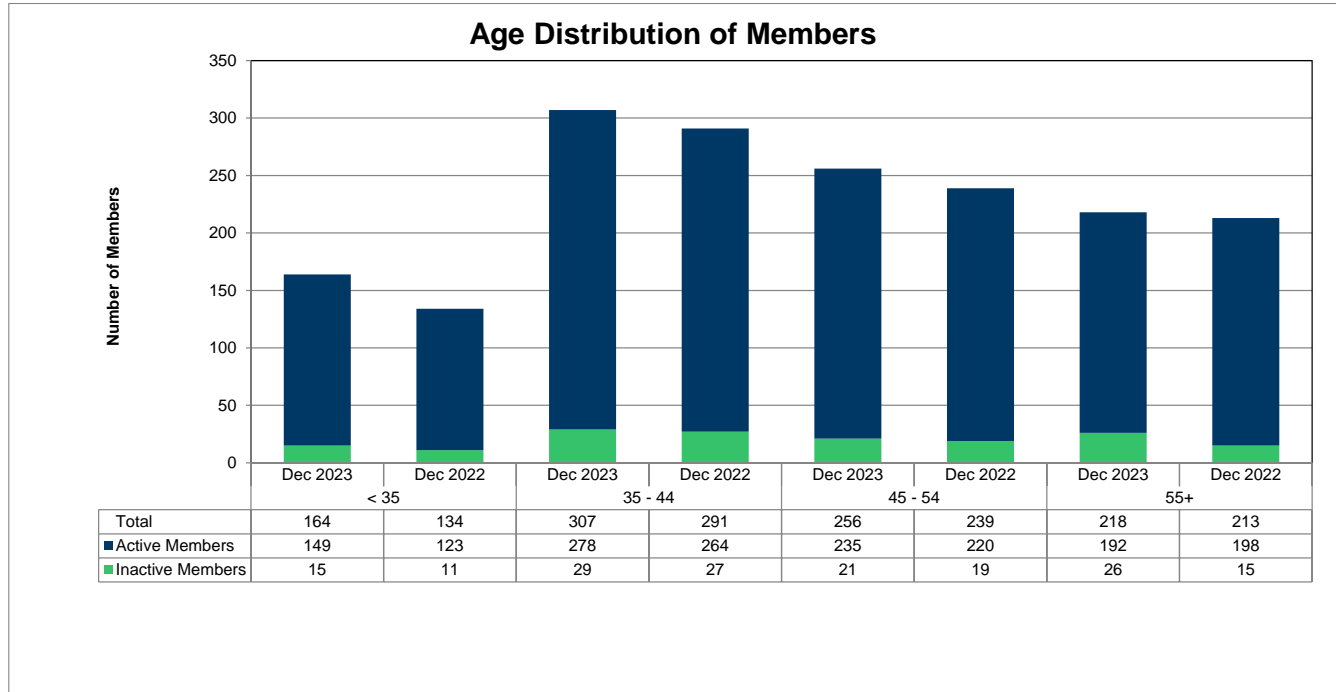
Note: Assets in the Fidelity True North fund have been treated as 100% Canadian equity.

Key Observations

- Approximately 68% of the contributions for December 2023 were directed to equities, while approximately 32% of contributions were directed to fixed income and guaranteed funds.
- Contributions being directed to Canadian equity and U.S. equity assets have increased while EAFE equity, global equity, fixed income, and guaranteed contributions have decreased.
- Contributions in December 2023 are also similar to the current asset mix.

Plan Member Composition

The following chart shows the age distribution of plan members, which will be useful when planning the member communication strategy for the upcoming year.

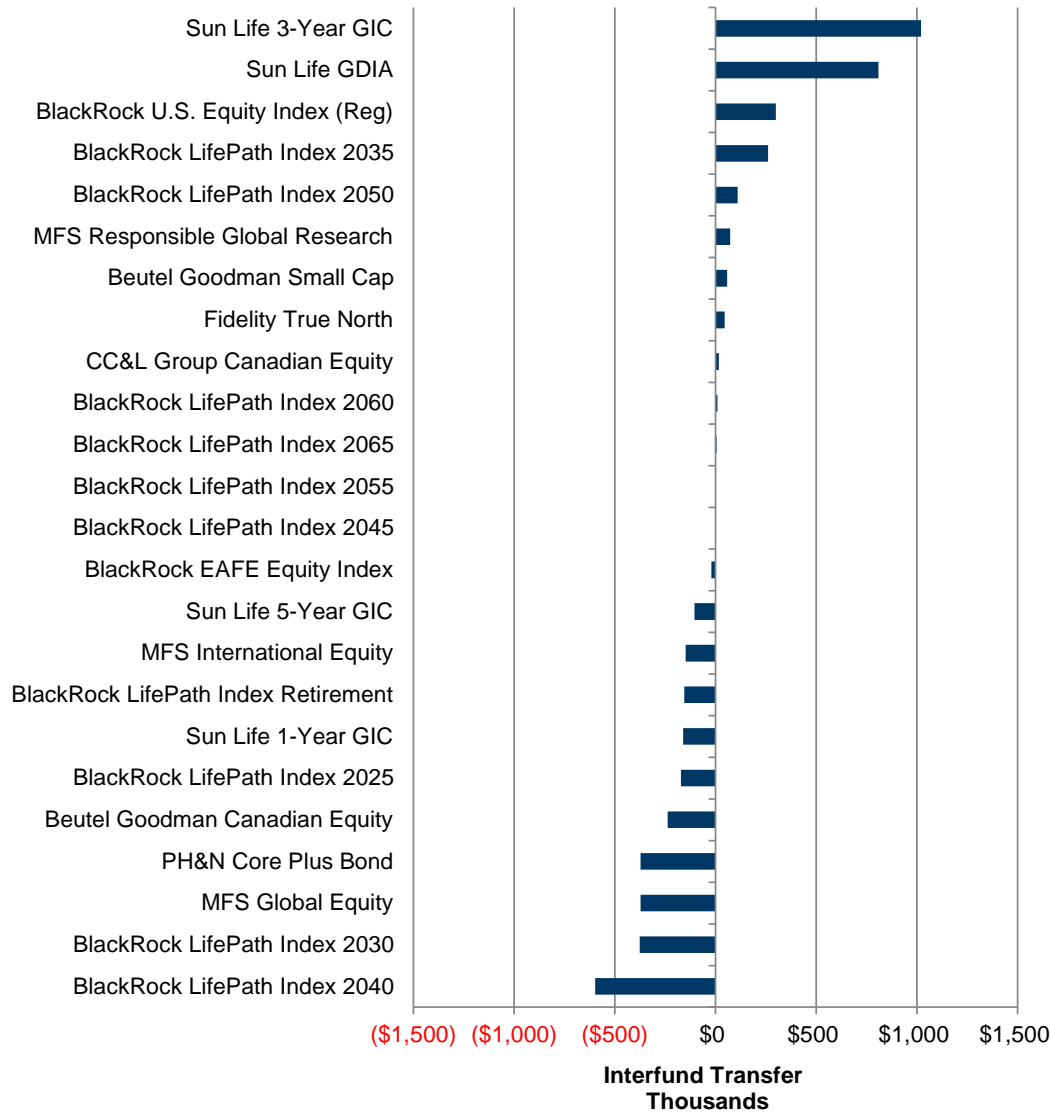


Key Observations

- There are a total of 945 members in the Plan.
- Relative to last year, Plan membership has increased by 68 members
- The majority of Plan members are between the ages of 35-44.
- There are a total of 91 inactive members with account balances currently in the Plan (this represents members who have terminated from the Plan).
- There are two missing members within the plan. This includes members where Sun Life no longer has a valid mailing address on file in order to communicate with these members. Plan sponsors have a responsibility to communicate with all members of the plan and efforts should be taken to locate any missing members/beneficiaries.

Interfund Transfer Activity

The following table details the aggregate interfund transfer activity initiated by plan members for the period December 31, 2022 to December 31, 2023. Positive amounts indicate a net inflow into the fund and negative amounts indicate a net outflow out of the fund.

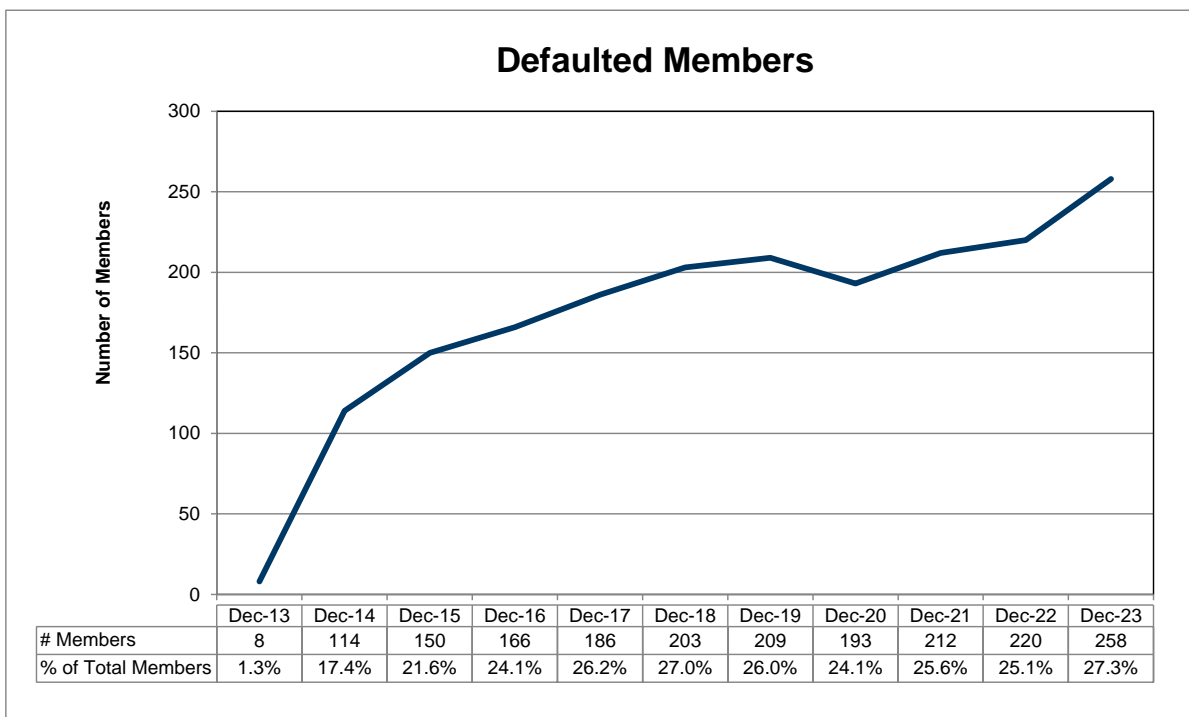
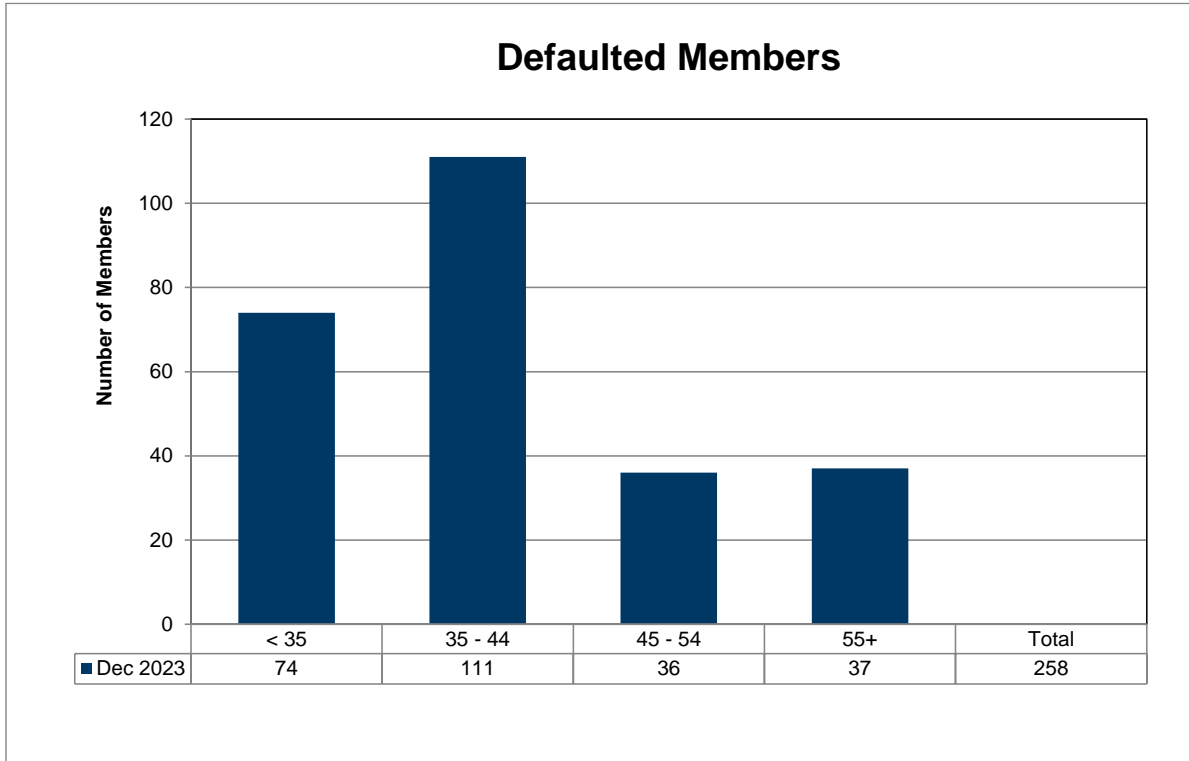


Key Observations

- In general, the level of interfund transfer activity over the period was low (approximately 2% of total plan assets)
- The largest net transfers out of funds was from the BlackRock LifePath Index 2040
- The largest net transfers into funds was into the Sun Life 3-Year GIC

Defaulted Members

The following charts show (1) the number of members who have not made an investment selection (i.e. defaulted members), broken down by age and (2) the number of defaulted members over the past years.





Key Observations

- The current Plan default fund is the BlackRock LifePath Index Target Date Fund closest to the member's 65th birthday
- The use of the target date fund is consistent with current market practice in Canada
- There are 258 members who have defaulted in the Plan, with the majority of defaulted members below age of 44
- The number of members who have defaulted represents 27% of total members, this is considered an average default rate

Member Investment Behaviour

Investor Types

The following table shows how members approach their investments.

	Under 35	35 - 44	45 - 54	55+	Total
Total Number of Members	164	307	256	218	945
Plan Assets (\$)	4,906,169	32,619,819	55,085,909	58,858,246	151,470,143
"Do it for Me" Approach *					
Number of Members	133	250	143	124	650
Member Assets (\$)	3,843,490	24,469,959	24,112,030	23,583,600	76,009,079
"Let Me Do It" Approach *					
Number of Members	31	57	113	94	295
Member Assets (\$)	1,062,678	8,149,861	30,973,879	35,274,646	75,461,064
% of Assets invested in Target Date Funds	16%	23%	20%	14%	17%

* Members included in the **"Do It For Me"** category are defined as all members who have invested solely in target date funds;
Members included in the **"Let Me Do It"** category are defined as members who do not invest solely in target date funds

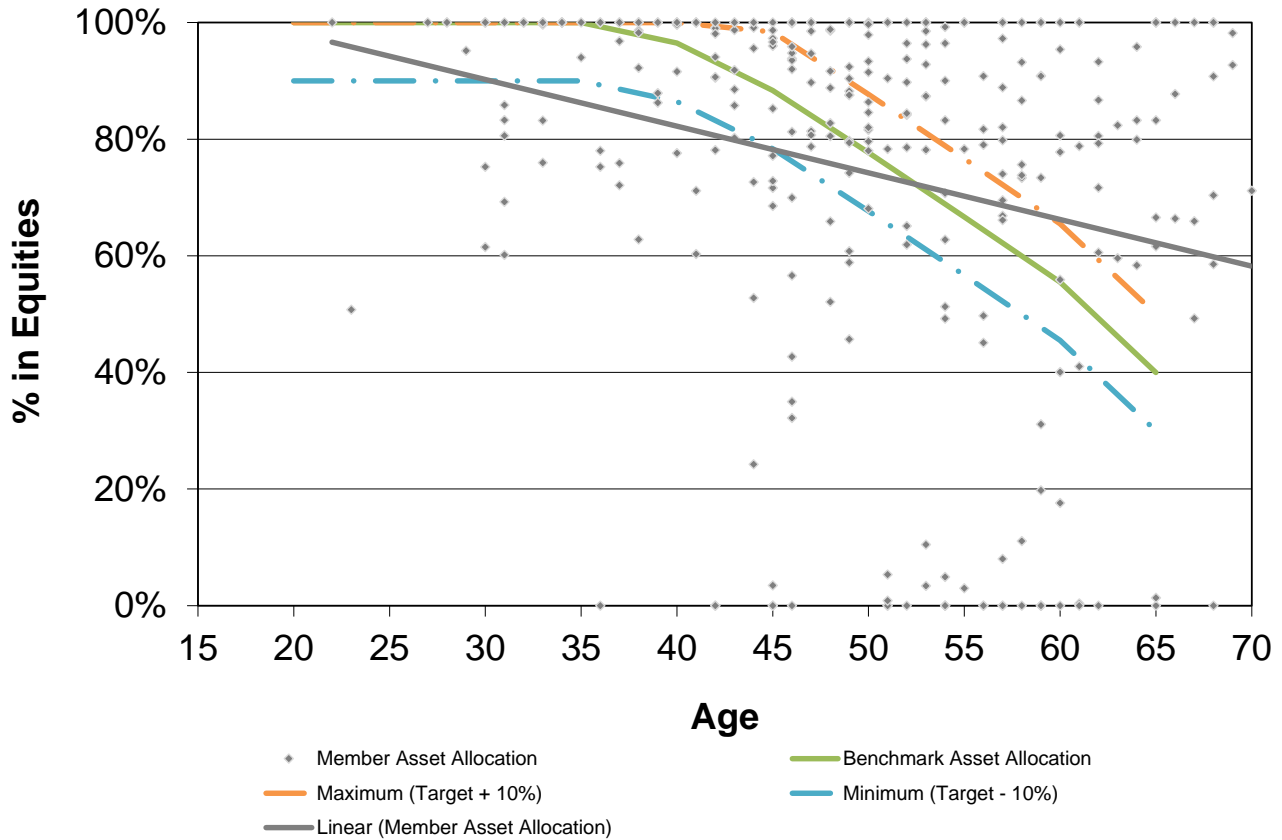


Key Observations

- Based on member investment behaviour, approximately 69% of members in the Plan have a preference for the "Do it For Me" approach to investing (for our analysis, we have only included members investing solely in target date funds).
- Approximately 31% of members in the Plan have a preference for the "Let Me Do It" approach to investing as they have either invested in target date funds along with other stand-alone investment options or they have only selected stand-alone investment options.
- Under the "Let Me Do It" approach, 17% of assets are invested in target date funds.

Total Equity Distribution by Age (Let Me Do It Members)

The following chart shows the equity allocation for each member under the Plan with investments in the stand alone funds, relative to the benchmark equity content of the BlackRock LifePath Index Target Date Funds¹.



	Under 35	35 - 44	45 - 54	55+	Current Year	Total Prior Year
Number of members	31	57	113	94	295	291
Total Assets (\$)	1,062,678	8,149,861	30,973,879	35,274,646	75,461,064	67,051,130
Average Member Allocation to Equities	91%	85%	74%	64%	75%	72%
# of members Above Benchmark Band (%)	0%	0%	15%	22%	37%	43%
# of members Within Benchmark Band (%)	7%	13%	13%	2%	35%	32%
# of members Below Benchmark Band (%)	3%	6%	11%	8%	28%	26%

Note: For members invested in target date funds plus stand alone funds, their target date assets have been deconstructed into component equity asset classes, to provide a more accurate representation of actual allocations.

¹ The analysis does not include members that are 100% invested in target date funds.



Key Observations

- Approximately 28% of members have equity allocations below the benchmark band and approximately 37% of members have equity allocations above the benchmark band
- A low proportion of members (35%) have assets within the target compared to the benchmark equity content of the BlackRock LifePath Index Target Date Funds.
- Approximately 8% of these members (25 members) have no allocation to equities while 21% of these members (61 members) have 100% allocation to equities

Investment approach

The following table shows the number of active Plan members invested in a single option and how they are invested.

Members invest in single fund option only

Fund Option	Under				Total
	35	35 - 44	45 - 54	55+	
Beutel Goodman Canadian Equity	0	1	0	2	3
Beutel Goodman Small Cap	0	1	0	0	1
BlackRock U.S. Equity Index (Reg)	2	5	1	2	10
Fidelity True North	1	0	1	1	3
MFS Global Equity	0	0	0	1	1
MFS Responsible Global Research	0	0	0	1	1
Sun Life 1-Year GIC	0	2	1	0	3
Sun Life GDIA	0	1	8	12	21
Target Date Funds	114	232	132	101	579
Total	117	242	143	120	622

Note: Members utilizing a fund with a zero account balance are excluded from the analysis.



Key Observations

- Almost all active members that invest in a single option are invested in a single target date fund
 - We have no concerns with this approach as these members are invested in diversified portfolios
- There are 43 members (5% of Plan members) are invested in a single option excluding target date funds, with the highest number of members 100% invested in guaranteed funds and the majority of those members are below age of 60

Target Date Fund Usage

Use of Multiple Target Date Funds

The following table provides information on the number of members who are invested in multiple target date funds, indicating the possibility that they have misunderstood the purpose of a target date solution.

Number of Target Date Funds Invested	Number of Members	Comments
■ None	156	} no concerns
■ 1	675	
■ 2	94	member communication opportunity for some members
■ 3	9	} member communication opportunity
■ 4	2	
■ 5 or above	9	
Total	945	

By Age Group

The following charts provide the number of plan members invested in each target date and the number of members invested in possible mismatched target date funds by age category. An ideal target date fund based on each member’s birthdate was used to determine if there was a potential misalignment between the target date fund in which they are invested vs. their birthdate. The ideal target date fund is based on a retirement age of 65, +/- 5 years. The recordkeepers may have different approaches when determining which target date fund to use for members who have defaulted.

Distribution of Target Date Funds by Age Group

	Retirement	2020	2025	2030	2035	2040	2045	2050	2055	2060	2065	Total
Under 35	3		2	2	2	3	4	43	65	46	4	174
35 - 44	1		4	3	12	44	143	76	16	2		301
45 - 54	9		12	23	71	96	30	10	5	5	2	263
55+	31	19	56	78	20	4	4	4	1	1		218
Total	44	19	74	106	105	147	181	133	87	54	6	956

Possible Mismatched Target Date Funds by Age Group

	Retirement	2020	2025	2030	2035	2040	2045	2050	2055	2060	2065	Possible Mismatched Target Date Funds
Under 35	3		2	2	2	3	4	6	1			23
35 - 44	1		4	3	12	7	6		2	2		37
45 - 54	9		12	8	2		3	10	5	5	2	56
55+	6	5	1	1	7	4	4	4	1	1		34
Total	19	5	19	14	23	14	17	20	9	8	2	150



Key Observations

- 114 members are investing in more than one target date fund; this indicates members are invested in target date funds which may not be aligned to their retirement date
 - The 94 members who have elected to invest in 2 target date funds may have fully understood the target date fund solution and may simply be targeting a retirement year that is straddled by two target date fund options
 - For the 20 members who have elected to invest in 3 or more target date funds, many may misunderstand the purpose of a target date solution as this investment combination is rarely optimal
- There are 13 members invested in the BlackRock LifePath Index Retirement Fund despite having greater than 10 years until their expected retirement date, indicating potential confusion regarding the labeling of the fund as a “Retirement Fund”
- Members between the age of 45-54 appear to be misusing target date funds proportionally more than the other age groups.

3

Tracking of Segregated Fund Returns

Segregated Funds

In your Plan, plan members invest in units of underlying pooled funds offered by Sun Life through its segregated funds. Depending on the timing of cash flow and the size of assets within the specific fund held by Sun Life, the performance of the underlying pooled fund may differ from the performance of the Sun Life segregated fund. Plan members receive the rates of return for the segregated fund offered by Sun Life.

Monitoring of Segregated Funds

Sun Life has confirmed that the performance between their segregated funds and the fund manager's pooled funds are monitored monthly to ensure a low tracking variance. At the end of each month, Sun Life reviews any variance above 10 bps to verify that the variance is not a result of a recordkeeping error. Sun Life also reviews any variance greater than 30 bps over a 12-month period.

The table below compares the pooled fund returns to the underlying segregated fund returns offered by Sun Life.

	1 Year to December			
	2023	2022	2021	2020
BlackRock LifePath Index Retirement (Segregated)	9.6	-10.8	6.2	9.0
BlackRock LifePath Index Retirement (Pooled)	9.6	-10.8	6.2	9.0
Difference	0.0	0.0	0.0	0.0
BlackRock LifePath Index 2020 (Segregated)	9.6	-10.8	6.2	9.0
BlackRock LifePath Index 2020 (Pooled)	9.6	-10.8	6.2	9.0
Difference	0.0	0.0	0.0	0.0
BlackRock LifePath Index 2025 (Segregated)	10.0	-10.8	8.3	8.8
BlackRock LifePath Index 2025 (Pooled)	10.1	-10.7	8.3	8.8
Difference	-0.1	-0.1	0.0	0.0
BlackRock LifePath Index 2030 (Segregated)	11.1	-10.6	10.9	8.8
BlackRock LifePath Index 2030 (Pooled)	11.1	-10.6	11.0	8.9
Difference	0.0	0.0	-0.1	-0.1
BlackRock LifePath Index 2035 (Segregated)	12.1	-10.5	13.5	8.9
BlackRock LifePath Index 2035 (Pooled)	12.1	-10.5	13.5	8.9
Difference	0.0	0.0	0.0	0.0
BlackRock LifePath Index 2040 (Segregated)	13.1	-10.5	16.0	8.8
BlackRock LifePath Index 2040 (Pooled)	13.1	-10.5	16.0	8.9
Difference	0.0	0.0	0.0	-0.1
BlackRock LifePath Index 2045 (Segregated)	14.2	-10.5	18.2	8.9
BlackRock LifePath Index 2045 (Pooled)	14.2	-10.5	18.2	8.9
Difference	0.0	0.0	0.0	0.0
BlackRock LifePath Index 2050 (Segregated)	14.9	-10.5	19.5	9.0
BlackRock LifePath Index 2050 (Pooled)	15.0	-10.5	19.5	9.1
Difference	-0.1	0.0	0.0	-0.1
BlackRock LifePath Index 2055 (Segregated)	15.3	-10.6	19.7	9.1
BlackRock LifePath Index 2055 (Pooled)	15.3	-10.5	19.8	9.1
Difference	0.0	-0.1	-0.1	0.0
BlackRock LifePath Index 2060 (Segregated)	15.3	-10.6	19.7	9.2
BlackRock LifePath Index 2060 (Pooled)	15.4	-10.5	19.8	9.2
Difference	-0.1	-0.1	-0.1	0.0
BlackRock LifePath Index 2065 (Segregated)	15.2	-10.5	n/a	n/a
BlackRock LifePath Index 2065 (Pooled)	15.3	-10.6	n/a	n/a
Difference	-0.1	0.1	n/a	n/a

	1 Year to December			
	2023	2022	2021	2020
PH&N Core Plus Bond (Segregated)	7.5	-11.3	-1.9	13.4
PH&N Core Plus Bond (Pooled)	7.5	-11.2	-1.9	13.4
Difference	0.0	-0.1	0.0	0.0
Beutel Goodman Canadian Equity (Segregated)	10.0	-1.4	26.2	3.1
Beutel Goodman Canadian Equity (Pooled)	10.1	-1.3	26.3	3.1
Difference	-0.1	-0.1	-0.1	0.0
CC&L Group Canadian Equity (Segregated)	11.0	-4.9	26.5	11.5
CC&L Group Canadian Equity (Pooled)	11.1	-4.9	26.6	11.5
Difference	-0.1	0.0	-0.1	0.0
Fidelity True North (Segregated)	12.5	-3.3	25.9	12.5
Fidelity True North (Pooled)	12.6	-3.2	26.0	12.5
Difference	-0.1	-0.1	-0.1	0.0
Beutel Goodman Small Cap (Segregated)	15.9	-4.8	28.0	8.7
Beutel Goodman Small Cap (Pooled)	16.1	-4.8	28.1	8.8
Difference	-0.2	0.0	-0.1	-0.1
BlackRock US Equity Index (Segregated)	22.8	-12.2	27.6	16.3
BlackRock US Equity Index (Pooled)	22.9	-12.2	27.6	16.3
Difference	-0.1	0.0	0.0	0.0
MFS International Equity (Segregated)	17.1	-8.5	15.1	9.4
MFS International Equity (Pooled)	17.2	-8.5	15.2	9.4
Difference	-0.1	0.0	-0.1	0.0
BlackRock EAFE Equity Index (Segregated)	15.3	-8.1	10.4	6.0
BlackRock EAFE Equity Index (Pooled)	15.3	-8.0	10.5	6.1
Difference	0.0	-0.1	-0.1	-0.1
MFS Global Equity (Segregated)	12.9	-11.8	17.6	12.0
MFS Global Equity (Pooled)	12.9	-11.8	17.7	12.0
Difference	0.0	0.0	-0.1	0.0
MFS Responsible Global Research (Segregated)	18.3	-13.1	17.7	14.9
MFS Responsible Global Research (Pooled)	18.3	-13.0	18.0	14.8
Difference	0.0	-0.1	-0.2	0.1



Key Observations

- Over the 1 year period ending December 31, 2023 and all other periods reviewed, all funds were within Sun Life's 30 bps tracking variance target.

4

Guaranteed Investment Review

As at December 31, 2023, approximately \$10,962,139 (7.2%) of Plan assets were invested in guaranteed investments. The underwriter of the guaranteed investment is Sun Life Assurance Company of Canada these assets would potentially be placed at risk in the event of the financial collapse of Sun Life. Therefore, it is important to ensure that deposit insurance protection is in place where guaranteed investment exposure is significant, and periodically assess the financial rating of the issuer.

Credit Rating of Guaranteed Investment Underwriter

Rating Agency	Date of last change	Rating	Rating Explanation	Outlook
A.M. Best	November 28, 2011	A+	A+: superior ability to meet their ongoing insurance obligations	Stable
Standard and Poor's	April 2, 2019	AA	AA: an insurer is regarded as having "very strong" financial security characteristics	Stable

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Insurance Coverage

Assuris coverage is available on guaranteed assets. Assuris is the Canadian insurance industry corporation which was created to provide Canadian policyholders with protection, within limits, against loss of policy benefits in the event of the insolvency of their insurance company. In addition, Sun Life provides Canada Deposit Insurance Corporation (CDIC) protection to protect eligible deposits in member financial institutions (banks, trust companies and loan companies). The total amount of Assuris coverage is \$100,000/member for each member's guaranteed aggregate assets under each category of protection specified by Assuris (for example, if a member owns a guaranteed investment in group TFSA and a group RRSP, the coverage will be applied separately for each). An additional \$100,000/member of CDIC guaranteed investment coverage can be made available upon request at Sun Life Financial Trust Inc.

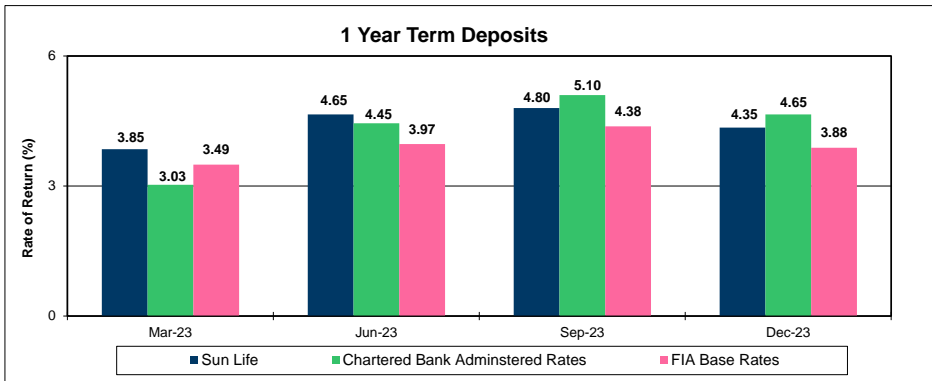


Key Observations

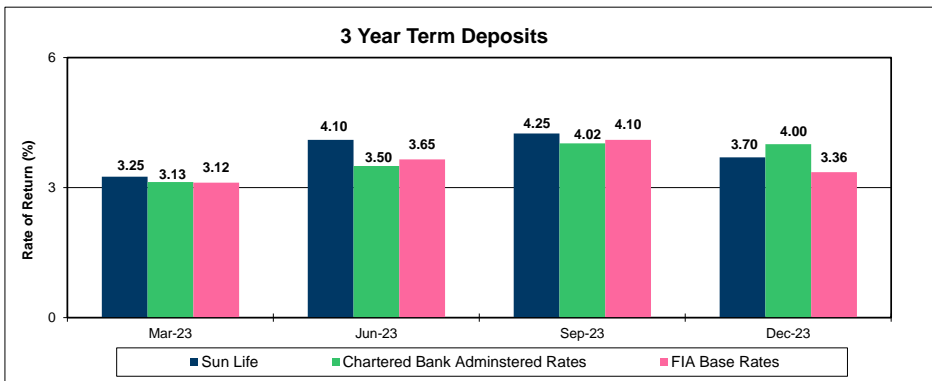
- According to Sun Life, there are 35 members with a guaranteed investment balance in excess of the \$100,000 Assuris limit and 1 member with balance in excess of the \$100,000 CDIC limit
- UOIT has initiated the second layer of guaranteed investment coverage through CDIC

Competitiveness of GIC Rate

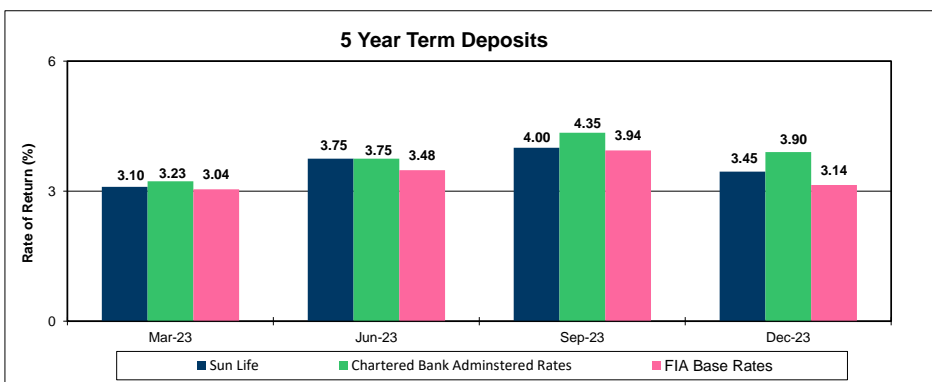
- Sun Life guarantees UOIT the minimum rate on its GICs will be at least Sun Life’s group base rate +0.400% (separately, the GDIA will be Sun Life’s group base rate +0.80%)
- The blue bars below show the total interest rate paid by Sun Life on the Plan



Average Excess Interest Rate: **0.105**
(in comparison to the Chartered Bank Rates)

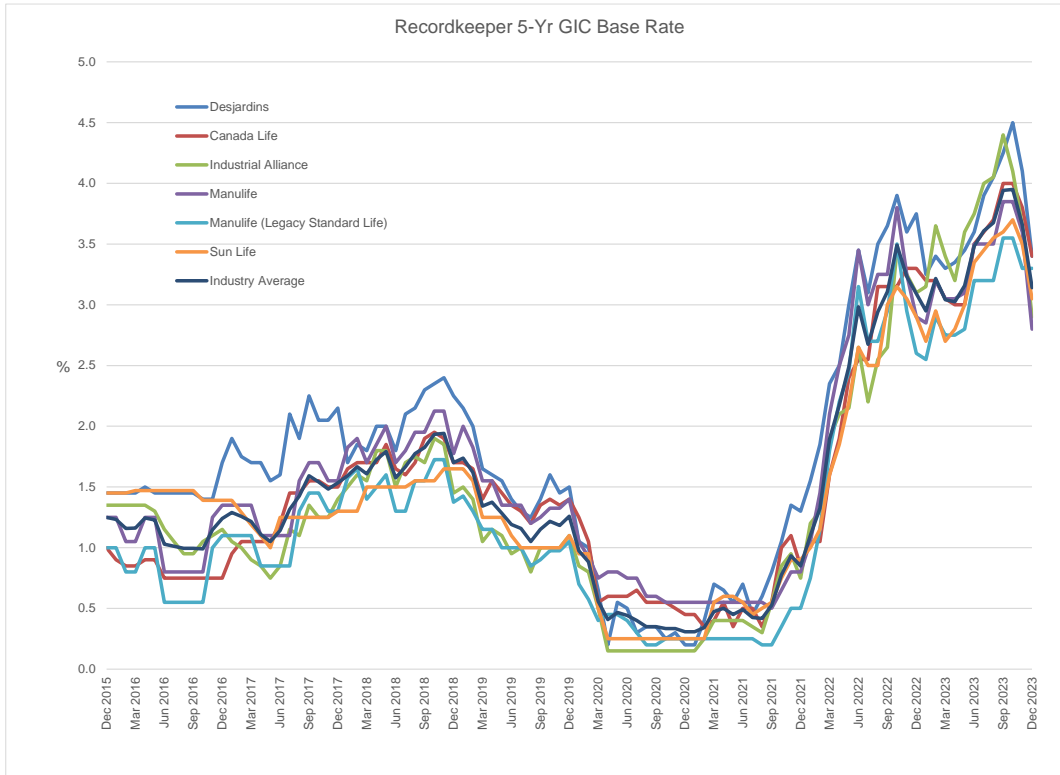


Average Excess Interest Rate: **0.163**
(in comparison to the Chartered Bank Rates)



Average Excess Interest Rate: **-0.233**
(in comparison to the Chartered Bank Rates)

Review of Industry Base Rates



Key Observations

- Quarterly GIC rates paid for all terms have been consistently higher than the average chartered bank rates with the exception December 31, 2023 (all terms), September 30, 2023 (1 and 5-year terms), and March 31, 2023 (5-year term)
- The relative positioning of GIC base rates has changed dramatically over the past year, impacting the competitiveness of rates received by plan members relative to rates available on other recordkeeper platforms
- Note that FIA base rates, which represent the base rates provided by other insurers, are provided for illustrative purposes only and do not include any enhancement

5

Fee Analysis

Investment Fee Schedule

	Investment Management Fees ²	Operating Expenses ³	Total ⁴
Beutel Goodman			
Canadian Equity	0.30%	0.09%	0.39%
Small Cap	0.30%	0.14%	0.44%
BlackRock			
LifePath Index Retirement	0.25%	0.10%	0.35%
LifePath Index 2020	0.25%	0.10%	0.35%
LifePath Index 2025	0.25%	0.10%	0.35%
LifePath Index 2030	0.25%	0.11%	0.36%
LifePath Index 2035	0.25%	0.11%	0.36%
LifePath Index 2040	0.25%	0.11%	0.36%
LifePath Index 2045	0.25%	0.11%	0.36%
LifePath Index 2050	0.25%	0.11%	0.36%
LifePath Index 2055	0.25%	0.17%	0.42%
LifePath Index 2060	0.25%	0.17%	0.42%
LifePath Index 2065	0.25%	0.17%	0.42%

² The investment management fee includes the fund manager fees and the recordkeeper fees charged by Sun Life. These fees are detailed in the Service and Fee Agreement issued by Sun Life

³ The operating expenses include additional expenses charged by the fund manager and Sun Life as incurred (i.e. legal and audit fees) as at December 31, 2023

⁴ The total fee is the sum of the investment management fees and the operating expenses. These fees are provided to members on the member statements and the member website.

	Investment Management Fees ²	Operating Expenses ³	Total ⁴
EAFE Equity Index	0.20%	0.06%	0.26%
U.S. Equity Index (Reg)	0.10%	0.04%	0.14%
CC&L			
Group Canadian Equity	0.35%	0.05%	0.40%
Fidelity			
True North	0.65%	0.04%	0.69%
MFS			
International Equity	0.55%	0.06%	0.61%
Global Equity	0.55%	0.05%	0.60%
Responsible Global Equity	0.55%	0.10%	0.65%
PH&N			
Core Plus Bond	0.40%	0.07%	0.47%

Additional Fees

- There is no monthly administration fee charged to UOIT or plan members
- Other fees that may be charged to Plan members include the following:
 - Sun Life reserves the right to charge plan members \$75 on withdrawals or transfers to other financial institutions at termination of membership or retirement
 - Sun Life reserves the right to charge Plan members \$10 for each replacement tax forms
- Other fees that may be charged to UOIT include the following:
 - Sun Life reserves the right to charge \$25 per member on full or partial policy termination

Mercer Fee Analysis Description

- Fee benchmarking is becoming an increasingly important component of plan governance within the Canadian market place. This analysis assists UOIT to validate the competitiveness of the fees that you and your members are paying and, if appropriate, provides the necessary facts to proactively re-negotiate your fee arrangement with your provider.
- In addition to this fee analysis, another way to test fee competitiveness would be to take the plan to market. Each method can yield different results and are not mutually exclusive. Note that comparator fees are typically most competitive when plans are taken to market.
- To benchmark the fees paid under your plan to industry competitive levels, Mercer benchmarks your overall fee levels to a comparator group of plan sponsors in our database with plans that have comparable asset size (assets forecasted forward by one year), cash flow characteristics and assets per unique member.
- In order to have a common basis for comparison across all plans, we have assumed that each plan in the database is invested in a model portfolio. Specifically, the asset classes include:
 - Target date
 - Canadian Equity
 - Fixed Income
 - U.S. Equity
 - EAFE Equity
 - Money Market
- Where it was deemed representative, the fees for both active and passive mandates within each asset class have been considered. A full disclosure of the investment structure used in the model portfolio is provided at the end of this section.

The analysis which follows compares the total fees paid to a recordkeeper, inclusive of investment management, recordkeeping fees and per head administration fees as applicable. These total fees are then compared to total fees paid by other plans within Mercer's proprietary fee database based on a recalibrated model portfolio. There were 8 plans in the comparator group.

Model Portfolio Projections	Number of Members	Total Assets (Projected)	Assets per Member (Projected)	Weighted Average Asset-Based Fees*	Cost Share (Annual Admin Fee \$)	Effective Cost Share	Total Fees per Member (\$)	Total Fees per Member (bps)
Ontario Tech University	945	\$172,648,863	\$182,697	40 bps	\$0.00	0 bps	\$738	40 bps
Comparator Group Average	1,036	\$173,158,691	\$174,510	43 bps	\$9.75	1 bps	\$759	44 bps
Comparator Group Range**				40-46 bps		0-1 bps		40-48 bps

* includes segregated operating expenses but excludes commissions and applicable taxes

** might exclude outliers

Note that numbers may not add due to rounding



Key Observations

- Based on our analysis of the fees for this plan relative to the comparator group, we would consider the current fee schedule to be competitive. Overall, the fees paid by UOIT and plan members appear to be lower than the fees paid in the comparator group. Note that different methods of fee benchmarking will yield different results. Comparator fees can be more competitive if the plan is taken to market or when bids are solicited from competitor recordkeepers.

Key Assumptions

The following assumptions have been used to forecast assets.

Assumptions to forecast growth	
Rate of Return on Market Based Assets	5.00%
Nominal Increase in Cash Flow	2.00%

Model Portfolio Assumptions

The following investment structure has been used to calculate model fees.

Asset Class	Allocation
Target Date - Passively Managed	27.5%
Target Date - Actively Managed	27.5%
Bond - Actively Managed	5.0%
Bond - Passively Managed	5.0%
Canadian Equity - Actively Managed	8.0%
Canadian Equity - Actively Managed	8.0%
U.S. Equity - Passively Managed	7.0%
EAFE Equity - Actively Managed	7.0%
Money Market - Actively Managed	5.0%

6 Legislative Update

Mercer's legislative update covers legal developments that may impact defined contribution registered pension plans that are subject to federal and provincial pension standards legislation and federal tax legislation.

Key Updates

Topic	Legislative & Market Updates	Considerations / Actions for Plan Sponsors
Unclaimed Property	<p>For retirement plans (pension and savings) with members domiciled in Quebec, plan administrators should be aware of the Unclaimed Property Act as Revenu Quebec has been auditing plans for compliance (including plans registered outside of Quebec with members employed in Quebec).</p> <p>New Brunswick, Alberta, British Columbia and Manitoba also have passed unclaimed property legislation.</p> <p>While the scope of each provincial legislation varies, plan sponsors should be aware of any potential implications</p>	<p><i>Annual membership audits to identify any missing members resulting potential for unclaimed property</i></p>
CAPSA Guideline: – Guidelines for Capital Accumulation Plans	<p>Draft Updated CAPSA Guideline No. 3 – Guidelines for Capital Accumulation Plans (CAP Guidelines)</p> <p>In 2022, CAPSA released a draft version of the CAP Guidelines for stakeholder consultation. Submissions were due to CAPSA in August 2022.</p> <p>In June 2023, CAPSA released a second consultation draft of the CAP Guidelines. This second draft further revised fiduciary duties of CAP plan sponsors, decumulation considerations, duties of service providers versus plan sponsors and clarified the definition of CAPs.</p> <p>Consultations are now closed. Once finalized by CAPSA, the new guidelines will update and replace the 2004 version of the CAP Guidelines. These guidelines are also relevant where CAP sponsors have chosen to offer retirement income options as part of or as an extension to their CAPs. Many of the administration, investment and communication principles will apply equally in the accumulation and decumulation phases.</p>	<p><i>Stay up-to-date on guidelines once finalized by CAPSA and ensure compliance</i></p> <p><i>Expected Spring/Summer 2024</i></p>

Topic	Legislative & Market Updates	Considerations / Actions for Plan Sponsors
<p>CAPSA Guideline: Pension Risk Management</p>	<p>Draft CAPSA Guideline for Pension Plan Risk Management</p> <p>In June 2023, CAPSA released a consultation draft on risk management following stakeholder consultations on a number of individual risk areas. The June 2023 draft guideline consolidates these various areas of risk into one document and includes sections on Environmental, Social and Governance (ESG) considerations and Cyber Security.</p> <p>Consultations are now closed. Stakeholders have raised concerns that the proposed Guidelines are too broad in scope resulting in recommended approaches and expectations that may be outside the scope of practical pension administration to identify, monitor and adapt to manage risk.</p>	<p><i>Stay up-to-date on guidelines once finalized by CAPSA and ensure compliance</i></p>
<p>CAPSA - Multijurisdictional Pension Plans Agreement</p>	<p>Effective July 1, 2023, Manitoba and Newfoundland and Labrador are signing the 2020 agreement respecting multi-jurisdictional pension plans. The agreement aims to create a clear legal framework for the administration and regulation of pension plans operating in multiple Canadian jurisdictions. Once the amended version of the agreement comes into force, MJPPs won't be subject to conflicting regulations from different provincial authorities</p> <p>The agreement, which was introduced in June 2020 and replaced the 2016 version, was initially signed by the federal government and the provincial governments of British Columbia, Alberta, Saskatchewan, Ontario, Quebec, New Brunswick and Nova Scotia.</p>	<p><i>Plan sponsors will benefit from more streamlined administration of pension plans with members in multiple jurisdictions.</i></p>

Province, Territory or Government	Law in force	Description of new law	Employer action required by law/impact on employers	More information
Income Tax Act – Amendments	June 22, 2023	Federal Bill C-47 passed and received Royal Assent on June 22, 2023. It includes certain eagerly awaited pension-related amendments to various statutes. All amendments are deemed to have come into force on January 1, 2021.		<i>Plan sponsors will benefit from a more streamlined process for contribution corrections for DC pension plans</i>

Province, Territory or Government	Law in force	Description of new law	Employer action required by law/impact on employers	More information
First Home Savings Account	April 1, 2023	<p>As of April 1, 2023, individuals can open up a First Home Savings Account (FHSA) which enables prospective first-time home buyers to save for their first home purchase tax-free up to certain limits (\$8,000 annual limit and \$40,000 lifetime contribution limit). Individuals can use the FHSA together with money withdrawn from their RRSP under the Home Buyers Plan. Contributions are tax-deductible and withdrawals to purchase a first home are non-taxable.</p> <p>Most financial institutions are now beginning to roll out their FHSA product offering. Group FHSA products are not broadly available through the recordkeepers yet.</p>	No. Plan sponsors can decide if they want to add FSAs to their existing offerings, although group products are not broadly available yet	FHSA Information
Federal Budget 2023	Draft legislation, August 4, 2023	<p>Draft legislation that would amend the Income Tax Act in respect to proposed changes to Retirement Compensation Arrangements (RCAs), previously announced in the Federal Budget 2023. The budget proposes to amend the <i>Income Tax Act</i>, such that fees paid to an RCA trust to secure or renew a letter of credit will not be subject to this tax. These changes will apply to fees paid on or after March 28, 2023. The budget also proposed to allow employers to request a refund of previously remitted taxes on fees paid to obtain letters of credit. These changes will apply to retirement benefits paid after 2023. Pension funds must also take note of new requirements for federally-regulated pension plans to disclose their crypto asset exposure to the Office of the Superintendent of Financial Institutions (OSFI).</p>	No	Mercer response
Federal Employment Insurance Premiums	Rate for 2024	The 2024 Employment Insurance (EI) premium rate is set at \$1.66 per \$100 of insurable earnings for employees.	No	Government of Canada

Province, Territory or Government	Law in force	Description of new law	Employer action required by law/impact on employers	More information
Federal MP Rate	Rate for 2024	The 2024 annual Money Purchase (MP) limit is set at \$32,490, up from last year's \$31,560.	No	CRA Table
Federal YMPE	Rate for 2024	The 2024 year's maximum pensionable earnings (YMPE) will be \$68,500 and the 2024 year's additional maximum pensionable earnings (YAMPE) will be \$73,200.	No	CRA Table
Federal TFSA Rate	Rate for 2024	For the year 2024, the TFSA dollar limit is \$7,000 up from last year's \$6,500.	No	CRA Table
Federal RRSP Limit	Rate for 2024	The Registered Retirement Savings Plan (RRSP) dollar limit has been increased to \$31,560 for 2024, up from \$30,780 in 2023.	No	CRA Table
Federal LIF, RLIF, Variable Benefit Account	Factors for 2024	The Office of the Superintendent of Financial Institutions (OSFI) has revised the table providing the maximum annual amount of income that may be paid from a Life Income Fund, a Restricted Life Income Fund and a Variable Benefit Account to include the factors that will be applicable for 2024	No	Update
Changes to Quebec Pension Plan (QPP)	Various effective dates; (several in effect as early as January 1, 2024)	Changes made to the QPP are being implemented in order to increase financial security and retention of employees after age 65: <ul style="list-style-type: none"> (1) Establish an adjustment mechanism for contributions and additional benefits applicable as of 2042 (2) Set the age to qualify for a maximum retirement pension at age 72; (3) Provide that the retroactivity of the retirement pension of a contributor over 65 years of age applies on application. 	No	Update https://www.revenuquebec.ca/en/press-room/tax-news/details/2023-10-10/reduction-in-quebec-pension-plan-contributions-for-workers-65-or-older/ Client alert

Province, Territory or Government	Law in force	Description of new law	Employer action required by law/impact on employers	More information
Ontario – PBA Amendment – Electronic Communications after Retirement	June 8, 2023	Effective June 8, 2023, Ontario amended the Pension Benefits Act to remove the requirement that an administrator advise, via regular mail and electronically, a retiring member who was receiving documents electronically that they could request to receive documents non-electronically.	Retirees are now included in those who have a default electronic communication option once PBA requirements are met.	
FSRA IT Risk Management Guidance	April 1, 2024	This Guidance reflects FSRA's supervisory approach in assessing IT risk management by plan sponsors. It is effective April 1, 2024 and will be reviewed no later than June 2028.	Plan sponsors should consider IT risk within their governance processes	
FSRA Consultation on Proposed Guidance on Administrator Roles and Responsibilities	August 15, 2023	To help ensure plan administrators take the required standard of care and make decisions that are in the best interest of its beneficiaries, FSRA is proposing updates and changes to the current Pension Plan Administrator Roles and Responsibilities Guidance for consultation. Consultations are now closed.	No, pending updated Guidance	
FSRA Consultation on Pension Plan Amendment Guidance	November 14, 2023	After receiving feedback in August 2022, FSRA has requested further consultation on its proposed plan amendment guidance. The guidance will outline PBA requirements in regards to the effective date of amendments; restrictions on replacing a variable indexation formula with a fixed indexation rate for benefits already earned; notice and notice waivers for adverse amendments. Consultation closed January 19, 2024. Mercer submitted feedback.	Once guidance is released plan sponsors will need to have regard to it when making changes to their plans.	

Province, Territory or Government	Law in force	Description of new law	Employer action required by law/impact on employers	More information
FSRA Consultation on Proposed Family Law Rule	November 14, 2023	<p>FSRA released a consultation on potential rules to address issues in the division of pensions in marriage breakdown. These would be the first FSRA rules related to the pension sector since they were provided with the power to make rules in 2019.</p> <p>Consultation closed on January 19, 2024. Mercer submitted feedback.</p>	Once guidance is released plan sponsors will need to have regard to it when dividing pension assets	
Ontario Assessment Fees	April 1, 2023	The Ontario Financial Services Regulatory Authority (FSRA) has released the Fiscal 2023-2024 Assessment Fees – Pension.	Yes, plan administrators must be aware of these fees and pay them where applicable.	FSRA Assessment Fees

Please note: Mercer is not a law firm and therefore cannot provide legal advice. The commentary and recommendations contained in this report should be analyzed with legal counsel before any actions are taken.

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Plan Recordkeeper Compliance Certificate

Compliance Certificate: Period Ending December 31, 2023

Legislative Compliance – Ontario Registered Pension Plan

#	Question	Response	Comments
1	Please confirm that Sun Life Financial has administered the University of Ontario Institute of Technology Pension Plan in compliance with the Ontario Pension Benefits Act, the provincial pension legislation of other provinces in which members are employed, and the Income Tax Act, including issuance of all required disclosure documents to members and former members, within the legislated time period for the delivery of such documents.	Yes	
2	Where Sun Life Financial prepares the plan text, please confirm whether any amendments have been made, or are required to be made, to the University of Ontario Institute of Technology Pension Plan, to ensure that this plan and the plan text continues to comply with the Ontario Pension Benefits Act, provincial legislation of the provinces in which employees are employed other than Ontario and the ITA requirements. Please confirm if any plan amendments have been made in the 1-year period ending December 31, 2023.	N/A - Plan text updates falls outside the scope of our services	

#	Question	Response	Comments
3	Please confirm that monthly contributions have been remitted to Sun Life Financial by the plan administrator in a timely fashion (i.e. within 30 days of month end). Please identify any problems experienced in this regard.	Yes	
4	Please confirm that Sun Life Financial provided the information to complete the AIR for the Plan prior to the filing deadline.	Yes	Sun Life Financial provides financial statements within our AIR reporting package to plan sponsors annually.
5	Please confirm that certified financial statements for 2022 were supplied to University of Ontario Institute of Technology prior to the 2023 filing deadline.	Yes	Upon written request, Sun Life Financial will provide an audit package to their auditor to assist in preparing the required financial statements
6	Please confirm that Sun Life Financial has received Form 7, Summary of Contributions, for 2023 from University of Ontario Institute of Technology.	Yes	
7	Please confirm that Sun Life Financial has received Form 7, Summary of Contributions, for 2024 from University of Ontario Institute of Technology.	Yes	
8	Please confirm that Sun Life Financial distributed annual member statements in compliance with the Ontario Pension Benefits Act to members within the prescribed time period during the period January 1, 2023 to December 31, 2023.	Yes	
9	Please confirm that for all former and/or retired plan members that elected to receive statements electronically, that Sun Life Financial can track if electronic delivery failed.	Yes	
10	Please confirm that during the period January 1, 2023 to December 31, 2023, Sun Life Financial provided Termination/Retirement/Death disclosure statements within the time period prescribed under applicable legislation.	Yes	

#	Question	Response	Comments
11	Please confirm that during the period January 1, 2023 to December 31, 2023, Sun Life Financial provided Termination/Retirement/Death payments within the prescribed period of time following receipt of all required documents.	Yes	
12	Please confirm that during the period January 1, 2023 to December 31, 2023		
13	Sun Life Financial has reviewed the membership list for names of listed persons as per the United Nations Suppression of Terrorism Legislation, and if necessary has reported to regulatory authorities and ensured accounts of listed persons are frozen.	Yes	
14	Sun Life Financial has reviewed the investments under administration for the University of Ontario Institute of Technology Pension Plan to ensure that investments have not been made in listed organizations as per the UN Suppression of Terrorism Legislation, and if necessary has reported to regulatory authorities.	Yes	
15	Sun Life Financial is in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) with respect to all data collected relating to the administration on the plan.	Yes	
16	Please confirm that all investments under the University of Ontario Institute of Technology Pension Plan during the period January 1, 2023 to December 31, 2023, were in compliance with Schedule III of the Pension Benefits Standards Regulations and the Income Tax Act requirements, as applicable.	Yes	

#	Question	Response	Comments
17	<p>Please confirm that Sun Life Financial has verified that all the investment managers on the alliance platform have policies and standards of professional conduct in place to regulate the behaviour of all staff, including policies to regulate and monitor trading and to dissuade unethical trading.</p> <p>If any managers do not have such policies in place, please list these managers.</p>	Yes	We ask each investment manager with whom we have arrangements as part of our Core Investment Selection™ to provide a code of conduct; compliance manual; soft dollar standards; trading policy; conflict of interest disclosure; proxy voting standards; and privacy standards. Each Investment manager has appropriate policies in place.
18	Confirm that the administration of small benefits is in compliance with the plan text.	Yes	
19	Confirm that the plan is administered in compliance with the Quebec Unclaimed Property Act including the tracking of unclaimed benefits and remittance of any unclaimed amounts to Revenu Quebec by the deadline, as applicable.	Yes	

Client Specific Compliance

#	Question	Response	Comments
1	Please confirm that you have administered the plan in accordance with the plan text and the administrative rules established for the plan by University of Ontario Institute of Technology.	Yes	
2	<p>Please confirm that during the period January 1, 2023 to December 31, 2023 that there have been no changes made to the fund line-up in the University of Ontario Institute of Technology Pension Plan.</p> <p>If fund changes have occurred, please confirm that the assets and future investment directions have been mapped according to the instructions provided by University of Ontario Institute of Technology, and that no assets remain in any discontinued fund option.</p>	Yes - There are no fund changes to report	
3	Please confirm that all fees have been levied in accordance with the Services and Fees Agreement in place with this client and that all fees, including “other fees”, charges, recovery of expenses, or other amounts that are charged to the segregated fund, either before or after unit values for these funds are calculated, have been disclosed to University of Ontario Institute of Technology.	Yes	
4	Please confirm that during the period January 1, 2023 to December 31, 2023, Sun Life Financial distributed member statements within the time periods stated in the Services and Fees Agreement between Sun Life Financial and University of Ontario Institute of Technology.	Yes	

#	Question	Response	Comments
5	Is there a policy/penalty in place for frequent transfers between funds?	Yes	
a.	If yes, what is the policy?		<p>As per our Short-term Trading policy a two per cent fee is charged to a plan member who initiates an interfund transfer into a fund followed by an interfund transfer out of the same fund within 30 calendar days.</p> <p>The fees collected go back into the fund to the benefit of all segregated fund unitholders.</p> <p>This fee will not be charged for transactions involving guaranteed investments, directly held stock and money market funds and does not apply to deposits or withdrawals – only to interfund transfers. The fee will also not apply to automatic, scheduled interfund transfers such as maturity transactions and automatic asset mix rebalancing.</p>
b.	If yes, has this policy/penalty been communicated to plan sponsors? If yes, please indicate where such disclosure is made.	Yes	This policy was communicated to plan sponsors and their plan members in newsletters, on member statements, and on the Plan Sponsor and Plan Member Services websites.
c.	If yes, has this policy / penalty been communicated to plan members? If yes, please indicate where such disclosure is made.	Yes	As noted above.

#	Question	Response	Comments
d.	Please confirm that there are no costs associated with making inter-fund transfers for the University of Ontario Institute of Technology Pension Plan?	Yes	
e.	If there are costs, are costs disclosed to the members of the University of Ontario Institute of Technology Pension Plan? If yes, please indicate where such disclosure is made.	N/A - There are no costs for inter-fund transfers	
6	Please confirm that Sun Life Financial is able to track missing former and/or retired members and is able to provide the information to University of Ontario Institute of Technology in a spreadsheet.	Yes	
7	Please confirm if Sun Life Financial has the ability to perform bulk searches for missing members at the request of University of Ontario Institute of Technology.	Yes	<p>Sun Life conducts regular missing member searches as a standard service regardless of client request.</p> <p>Process: Internal searches are done across policies and departments on a monthly basis in order to try to find the member's address</p> <p>Every Quarter we will send a list of missing members to the Plan administrator for input.</p>
8	Please confirm if there is a cost for performing a search for missing members In the comments section, please confirm if the cost is paid by the member or by University of Ontario Institute of Technology.	No	Additional searches are performed using credit monitoring

Compliance with Joint Forum Guidelines

Implications for CAP Sponsor, Service Providers and CAP Members

#	Question	Response	Comments
9	Please confirm that all written member communication prepared by Sun Life Financial is written using plain language and in a format that assists in readability and comprehension.	Yes	

Section 1 of CAPSA Guideline No.3

Investment Options - Policy Regarding Failure to Make Investment Choices

#	Question	Response	Comments
10	What is the default fund option for the University of Ontario Institute of Technology Pension Plan?		BLK LifePath Index Funds
11	Is the default fund option disclosed to members of the University of Ontario Institute of Technology Pension Plan? If yes, please indicate where such disclosure is made.	Yes - See comments	Enrolment Form

Section 2.1 of CAPSA Guideline No.3 & 3.1 of CAPSA Guideline No.8

Maintenance of Documents and Records Policy

#	Question	Response	Comments
12	Have you written and adopted a formal Internal General Policy for Documents and Records Retention?	Yes	

#	Question	Response	Comments
13	Has this policy been disclosed to University of Ontario Institute of Technology? If so, how?	Yes - See comments	A copy of the policy is available on the Plan Sponsor Services website.
14	Do you monitor compliance with your formal Documents and Records Retention Policy?	Yes	

Section 2.2 of CAPSA Guideline No.3

Investment Information & Investment Decision-Making Tools (Section 3)

#	Question	Response	Comments					
			Booklet	Forms	Member website	Call centre	Account statements	Other
15	Please confirm that you have provided members with information about each investment option for the University of Ontario Institute of Technology Pension Plan as stipulated under the Joint Forum Guidelines for Capital Accumulation Plans, including the following and indicate in the columns shown where such information is provided:							
a.	Glossaries of investment terms.	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Information about how investment funds work	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Relative expected risk and return for various investment options	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Investment objective	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Product guides	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Performance reports	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g.	Descriptions of each fund	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h.	If other, please specify:	Yes	Custom Communication					

#	Question	Response	Comments					
16	<p>Are decision-making tools available to members of the University of Ontario Institute of Technology Pension Plan?</p> <p>Please indicate if the following are available and where each is available:</p>	Yes	Booklet	Forms	Member website	Call centre	Account statements	Other
a.	Asset allocation models	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Retirement planning tools	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Calculators and projection tools	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Investor profile questionnaires	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	If other, please specify:	Custom communication and Retirement Planner slide rule						

Advice: This section is only applicable if advice is being provided to members of the University of Ontario Institute of Technology Pension Plan.

#	Question	Response	Comments
17	<p>Are members of University of Ontario Institute of Technology Pension Plan receiving advice through Sun Life Financial or an affiliated third party?</p> <p>Please specify the scope of advice provided, e.g. holistic financial planning, investment advice, etc.</p> <p>If no advice and only financial education is provided to members, please proceed to question 14.</p>	No	No, University of Ontario Institute of Technology is included on an exclusion list, which means they will not be participating in our 360 Advice Program.
18	If advice is being provided, is this pursuant to a written agreement? Please provide us with the written agreement, if applicable.	N/A	
19	If advice is being provided, who provides the advice?	N/A	The Client Solutions Centre employs a team of Financial Services Consultants who provide this advice to plan members. Retirement Consultant provides advice for plan members who are nearing retirement and who are currently retired.
20	Have the individuals providing advice met the licensing requirements necessary in order to provide advice?	N/A	All FCS's and RCs are fully licensed with their LLQP designation, which allows them to provide advice for the type of funds being offered. Some also maintain a CFP or IQPF designation. There is a dedicated Licensing team who ensures these designations are renewed and any required training is provided.

#	Question	Response	Comments
21	<p>Have there been any complaints filed against the individual of firm or any disciplinary actions taken (if known)?</p> <p>Please list any complaints and disciplinary actions taken (if known).</p>	N/A	

Section 3.4 of CAPSA Guideline No.3

Introducing the CAP to Participants

#	Question	Response	Comments
22	Please confirm that enrolment materials provided to new members include information on the nature and the features of the CAP, and outlines the rights and responsibilities of CAP members.	Yes	

Section 4.1 of CAPSA Guideline No.3

Introducing the CAP to Participants - Investment Options

#	Question	Response	Comments
23	Please confirm that enrolment materials provided to members, as well as ongoing materials, include sufficient detail about the investment options available in the plan in order for members to make informed investment decisions.	Yes	

Section 4.2 of CAPSA Guideline No.3

Introducing the CAP to Participants - Transfer Options

#	Question	Response	Comments
24	Please confirm that enrolment materials provided to new members include information about how to make transfers among investment options.	Yes	

Section 4.3 of CAPSA Guideline No.3

Introducing the CAP to Participants - Description of Fees, Expenses and Penalties

#	Question	Response	Comments					
25	Please confirm that <u>enrolment</u> materials provided to new members include a description and disclosure of all fees, expenses, charges and penalties relating to the plan. Please indicate where this information is disclosed.	Yes - See comments	The Start Savings Enrolment Guide direct member's to the online member site for up to date plan member borne fees.					
26	Please confirm that <u>ongoing</u> materials provided to members include a description and disclosure of all fees, expenses, charges and penalties relating to the plan. Please indicate if the following is disclosed to members and where it is disclosed:		Booklet	Forms	Member website	Call centre	Account statements	Other
a.	Any costs that must be paid when investments are bought or sold.	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Costs associated with accessing or using any of the investment information, decision-making tools or investment advice providers.	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Investment management fees.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Underlying fund operating expenses	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	Segregated fund operating expenses	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f.	Recordkeeping fees	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g.	Any costs for transferring among investment options (including penalties, book and market value adjustments, tax consequences).	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h.	Account fees	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#	Question	Response	Comments
i.	If other, please specify:		Plan member statements are also available on the Plan Member Services website. This information may also be disclosed in other forms of member communications.

Section 4.4 of CAPSA Guideline No.3

Introducing the CAP to Participants - Additional Information

#	Question	Response	Comments
27	Please confirm that <u>enrolment</u> materials provided to new members include an outline of how to access additional information about the plan and a description of the type of information that is available.	Yes	

Section 4.5 of CAPSA Guideline No.3

Member Statements

#	Question	Response	Comments
28	Please confirm that the member statement includes the following:		
a.	Summary of investments	Yes	
b.	Investment activity	Yes	
c.	Investment funds	Yes	
d.	Summary of transactions	Yes	
e.	How to get specific information on each investment option, fees and expenses, transaction details, transfer options and other information	Yes	
f.	If other, please specify:		

Section 5 of CAPSA Guideline No.3

Access to Information

#	Question	Response	Comments		
29	Please confirm that in addition to the information on the member statement, members have access to additional information regarding their CAP account including the following:		Member Website	Call Centre	Other
a.	Details on investment funds	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Transaction details	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Details on GICs and other fixed term investment options	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Details in each of the other investment options	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	Contribution details	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f.	Details on fees and expenses	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g.	Information on transfer options	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h.	If other, please specify:	Yes	Custom communications		

Section 5.2 of CAPSA Guideline No.3

Performance Reports for Investment Funds

#	Question	Response	Comments
30	Please confirm that a performance report for each investment fund in the plan is provided to the member at least annually and that the following information is provided:	Yes	
a.	Name of investment fund	Yes	
b.	Name and description of benchmark for the investment fund	Yes	
c.	Corresponding returns for benchmarks	Yes	
d.	Performance of fund, including historical performance for one, three, five and ten years if available	Yes	
e.	Whether returns are gross or net of fees	Yes	

#	Question	Response	Comments
f.	Identification of method used to calculate the fund performance return calculation, along with directions on where to find a more detailed explanation.	Yes	
g.	Statement that past performance of a fund is not necessarily an indication of future performance	Yes	

Section 5.3 of CAPSA Guideline No.3

Compliance with CAPSA No.8 on Guidelines for Defined Contribution Pension Plans

Information for members during accumulation phase

#	Question	Response	Comments					
			Booklet	Forms	Member website	Call Centre	Account Statements	Other
31	Please confirm that <u>ongoing</u> materials provide the following information to allow members to make informed decisions regarding their investments and contributions. Please indicate if the following is disclosed to members and where it is disclosed:							
a.	Sufficient detail on the investment options so that members can make informed investment decisions	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Information on any changes to the investment options available in the Plan (if applicable)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Information on the default investment option	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Contribution formula	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	An explanation of how to select or change a contribution rate (if applicable)	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f.	Treatment of voluntary contributions (if permitted)	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#	Question	Response	Comments					
g.	How interest and earnings on contributions are to be applied	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h.	How and when contributions are vested and locked-in and an explanation of what these terms mean	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i.	How and in what circumstances contributions can be withdrawn	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Description of how any transfers into the fund will be treated (locked-in vs. not locked-in)	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Fees charged in the rollover plan	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	If other, please specify:							
32	<p>Please confirm that periodically members are provided with an estimate or a general illustration of the accumulated value of their account at retirement, as well as an estimate of the benefit that may result from the accumulated value.</p> <p>Please indicate where this information is provided.</p>	Yes - See comments	<p>Our retirement planner tool (available on the secure member site) calculates a member's estimated savings at retirement and an estimated monthly retirement income based on known information from the member's plan with us, and additional information provided by members in the retirement planner (e.g., annual salary, other savings etc.). This information is displayed on the member website and not just when the member accesses the retirement planning tool. If requested by the sponsor, this information can also be shown on member statements.</p>					
33	Please confirm that members are informed that any statements regarding projected account balances and future benefits are estimates only.	Yes	<p>A caution that the information shown is only an estimate and not a guarantee is provided along with key assumptions in all places that the estimates are shown to members.</p>					

#	Question	Response	Comments
34	Please confirm that the assumptions used to estimate a member's future accumulated value is clearly stated.	Yes	Assumptions used in the tool are clearly posted and are reviewed annually to ensure they continue to be up to date. Members can use the sliders in the tool to see the impact of changing certain assumptions such as retirement age, monthly contributions, and rate of return on their expected benefits.
35	Please specifically confirm if the fee assumption used to calculate or estimate a member's future benefit or value is disclosed.	Yes	Assumptions used in the tool are clearly posted and are reviewed annually to ensure they continue to be up to date. For illustrative purposes, FMFs are assumed to be 0.75% as a default. However, members can adjust the FMFs in the Current Savings section of their retirement planner as FMFs will vary based on their group plan.
36	Please confirm that members are informed that other sources of benefits or savings may be necessary to achieve their retirement goals.	Yes	The estimated monthly retirement income includes other sources of possible income at retirement, such as CPP/QPP and OAS, and not just the expected benefit from their employer plan. This helps members understand what their total retirement income picture could look like and whether they may need additional savings or income to meet their retirement income goals.

Section 3.1-3.3 of CAPSA Guideline No.8

Information for members who are approaching the payout phase

#	Question	Response	Comments
37	Please confirm that members are informed of all the regulated retirement products available. Please indicate where this information is provided.	Yes - See comments	The information is provided in our termination/retirement settlement option package. Members can also call our Client Solutions Centre for more information regarding the retirement products we offer and support in setting up products.
38	Please confirm that members are provided information that assists them in making informed decisions which strike the balance between protection from the risks inherent in various retirement products and achieving target replacement rates. Please indicate where this information is provided.	Yes - See comments	The information is provided in our termination/retirement settlement option package. Members can call our Client Solutions Centre for more information regarding the products we offer and to get support with setting up products. Additionally, members can access supportive tools through the member website's resource center, which has dedicated information for members retiring soon and products offered.
39	Please confirm that members are provided with information regarding any unlocking options which may be available at the time of retirement. Please indicate where this information is provided.	Yes - See comments	This information is provided in the termination/retirement settlement option package.

Section 4.1 of CAPSA Guideline No.8

8

Governance Activities Calendar

For the Period January 1, 2024 to December 31, 2024

Quarter to be completed	Timing still to be determined
-------------------------	-------------------------------

Activity	Deadline or Frequency	Timing for Completion in 2024			
		Q1	Q2	Q3	Q4
Regulatory Requirements					
Contributions remitted within timeframe	Within 30 days after month contributions are payable				
Form 7 – Summary of Contributions	60 days after plan year end or following a change				
Report Pension Adjustments	Due February 28				
Confirm prior year contributions do not exceed ITA dollar limits	Before issuing T4s (due by January 31)				
Annual Information Return (AIR)	6 months after plan year end				
Financial Statements	6 months after plan year end				
Waiver of Biennial Statements for Missing Beneficiaries	Biennially (timing TBD)				
Amendments to the Plan Text	As needed				

Activity	Deadline or Frequency	Timing for Completion in 2024			
		Q1	Q2	Q3	Q4
<i>Plan Monitoring</i>					
Monitoring of investment options (qualitative & quantitative)	At least annually				
Monitoring of recordkeeper compliance with requirements	Annually				
Review of compliance with CAP Guidelines	Annually				
Review of Statement of Investment Policies & Procedures	Annually – filing no longer required				
Review of legislative updates	Annually				
Monitoring of the competitiveness of overall program fees	Annually				

Activity	Timing or Frequency	Timing for Completion in 2023			
		Q1	Q2	Q3	Q4
<i>Best Practice Activities for Effective CAP Management</i>					
Assessment of members retirement readiness	Every 3-5 years				
Review of effectiveness and competitiveness of plan design	Every 3-5 years				
Review of investment structure	Every 3-5 years				
Review of governance documents and governance structure	Every 3-5 years				
Assessment of member financial wellness	Every 3-5 years				
Recordkeeper due diligence - comprehensive search or review	Every 4-6 years				
Review of plan(s) fees vs. market quotes	Every 3-5 years				
CAPSA pension governance self-assessment	Every 3-5 years				
Committee training (Governance / Investments / Financial Wellness)	As new members join / topical training every 2-3 years				
Plan Member Workshops / Education Sessions	As needed to address emerging topics				

Activity	Timing or Frequency	Timing for Completion in 2023			
		Q1	Q2	Q3	Q4
<i>Emerging Canadian DC Market Trends</i>					

Activity	Timing or Frequency	Timing for Completion in 2023			
		Q1	Q2	Q3	Q4
Decumulation Opportunities					
Flexible Plan Design					
Environmental, Social & Governance (ESG) Investing					
Innovation in Target Date Fund Solutions					
Financial Wellness					

Important Notices

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Appendix A
GIC Credit Ratings

Insurer Financial Strength Rating Definitions

A Standard & Poor's Insurer Financial Strength Rating is a current opinion of the financial security characteristics of an insurance organization with respect to its ability to pay under its insurance policies and contracts in accordance with their terms. This opinion is not specific to any particular policy or contract, nor does it address the suitability of a particular policy or contract for a specific purpose or purchaser. Furthermore, the opinion does not take into account deductibles, surrender or cancellation penalties, timeliness of payment, nor the likelihood of the use of a defense such as fraud to deny claims. For organizations with cross-border or multinational operations, including those conducted by subsidiaries or branch offices, the ratings do not take into account potential that may exist for foreign exchange restrictions to prevent financial obligations from being met.

Insurer Financial Strength Ratings are based on information furnished by rated organizations or obtained by Standard & Poor's from other sources it considers reliable. Standard & Poor's does not perform an audit in connection with any rating and may on occasion rely on unaudited financial information. Ratings may be changed, suspended, or withdrawn as a result of changes in, or unavailability of such information or based on other circumstances.

Insurer Financial Strength Ratings do not refer to an organization's ability to meet nonpolicy (i.e. debt) obligations. Assignment of ratings to debt issued by insurers or to debt issues that are fully or partially supported by insurance policies, contracts, or guarantees is a separate process from the determination of Insurer Financial Strength Ratings, and follows procedures consistent with issue credit rating definitions and practices. Insurer Financial Strength Ratings are not a recommendation to purchase or discontinue any policy or contract issued by an insurer or to buy, hold, or sell any security issued by an insurer. A rating is not a guaranty of an insurer's financial strength or security.

Insurer Financial Strength Ratings

An insurer rated 'BBB' or higher is regarded as having financial security characteristics that outweigh any vulnerabilities, and is highly likely to have the ability to meet financial commitments.

AAA

An insurer rated 'AAA' has EXTREMELY STRONG financial security characteristics. 'AAA' is the highest Insurer Financial Strength Rating assigned by Standard & Poor's.

AA

An insurer rated 'AA' has VERY STRONG financial security characteristics, differing only slightly from those rated higher.

A

An insurer rated 'A' has STRONG financial security characteristics, but is somewhat more likely to be affected by adverse business conditions than are insurers with higher ratings.

BBB

An insurer rated 'BBB' has GOOD financial security characteristics, but is more likely to be affected by adverse business conditions than are higher rated insurers.

An insurer rated 'BB' or lower is regarded as having vulnerable characteristics that may outweigh its strengths. 'BB' indicates the least degree of vulnerability within the range; 'CC' the highest.

BB

An insurer rated 'BB' has MARGINAL financial security characteristics. Positive attributes exist, but adverse business conditions could lead to insufficient ability to meet financial commitments.

Appendix B

Recordkeeper Compliance Certificate Addendum

CERTIFICATE OF COMPLIANCE

for the six-month period ending June 30, 2023

THIS CERTIFICATE OF COMPLIANCE APPLIES TO THE INVESTMENT OPTIONS MANAGED BY THE FOLLOWING INVESTMENT MANAGERS (THE "INVESTMENT MANAGERS") AND MADE AVAILABLE THROUGH SUN LIFE ASSURANCE COMPANY OF CANADA* ("SUN LIFE") UNDER ITS GROUP RETIREMENT SERVICES CORE INVESTMENT PLATFORM:

AlphaFixe Capital Inc.	Jarislowky Fraser Limited
Baillie Gifford Overseas Limited	Lazard Asset Management LLC
Beutel Goodman & Company Ltd.	Mawer Investment Management
BlackRock Asset Management Canada Limited	MFS Investment Management Canada Ltd.
BentallGreenOak	Morgan Stanley Investment Management
Capital International Asset Management (Canada), Inc.	Phillips, Hager & North Investment Management Ltd.
CI Global Asset Management	PIMCO Canada Corp.
Connor Clark & Lunn Investment Management Ltd.	Schroder Investment Management North America Inc.
Fidelity Investments Canada ULC	State Street Global Advisors, Ltd.
Fiera Capital	Sun Life Assurance Company of Canada
Franklin Templeton Investments Corp.	Sun Life Capital Management (Canada) Inc.
Global Alpha Capital Management Ltd.	SLGI Asset Management Inc.
IFM Investors (US) LLC	TD Asset Management Inc.
Invesco Ltd.	T. Rowe Price (Canada), Inc.

THE UNDERSIGNED CONFIRMS THAT FOR THE REPORTING PERIOD NOTED ABOVE:

- 1) The Investment Managers have confirmed to Sun Life that they have operated within the terms, conditions and guidelines stipulated in the respective Funds' Statement of Investment Policies. The Investment Managers have confirmed that they have identified any material non-conformities and associated remedial actions to Sun Life as part of Sun Life's regular investment manager review process. Any such matters reported to Sun Life in writing have been reflected on Sun Life's Plan Sponsor site, under the Governance reports heading.
- 2) The Investment Managers have confirmed to Sun Life that their Funds have been managed according to the applicable legislation, be it pension legislation or mutual fund legislation as the case may be. The Investment Managers have confirmed that they have identified any material non-conformities to these legislative requirements and associated remedial actions to Sun Life as part of Sun Life's regular investment manager review process. Any such matters reported to Sun Life in writing have been reflected on Sun Life's Plan Sponsor site, under the Governance reports heading.
- 3) The Investment Managers have confirmed to Sun Life that they have advised Sun Life of any material changes to the respective Funds' Statement of Investment Policies. Any such changes reported to Sun Life in writing have been reflected on Sun Life's Plan Sponsor site, under the Governance reports heading.
- 4) The Investment Managers have confirmed to Sun Life that, within either the respective Funds' Statement of Investment Policies or related documents, the decisions made with respect to the investments of the Funds are made in the best interests of unitholders.
- 5) The Investment Managers have confirmed to Sun Life that they have policies and procedures in place to discourage and detect unethical trading practices.
- 6) The Investment Managers have confirmed to Sun Life that they have codes of conduct in place to regulate the behavior of their professionals and staff.

CONFIRMED BY: _____



ALEXANDRA BARBU, ASSISTANT VICE PRESIDENT, INVESTMENT SOLUTIONS
SUN LIFE ASSURANCE COMPANY OF CANADA*

* Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies.



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**THE UNIVERSITY OF ONTARIO INSTITUTE OF TECHNOLOGY DEFINED CONTRIBUTION
PENSION PLAN
GOVERNANCE COMPLIANCE CERTIFICATE**

The University of Ontario Institute of Technology (operating as Ontario Tech University) sponsors the University of Ontario Institute of Technology Pension Plan, Registration No. 1087808 (the “Plan”). The Plan is a member-investment directed defined contribution pension plan registered with the Financial Service Regulatory Authority Ontario and the Canada Revenue Agency governed by the Pension Benefits Act (Ontario) (the “PBA”) and the Income Tax Act (“ITA”), Canada, respectively.

The Senior Administration (Pension & Benefits) Sub-Committee (SASC) exercises overall responsibility for the proper administration of the Plan and administration and investment of the Fund.

The SASC’s responsibilities are carried out by three members of senior management, the VP, People and Transformation, the VP, Administration and the General Counsel. The main responsibility for the Plan and Fund lies with the President and the Pension & Benefits Staff which report to him/her.

The SASC (or member thereof) is responsible for reporting to the Governance, Nominations & Human Resources Committee of the Ontario Tech University Board of Governors and for certifying that all aspects of the Plan Governance Structure and the Plan Governance Processes have been met.

With respect to the Year January 1, 2023 to December 31, 2023 the SASC hereby certifies that the responsibilities and processes listed in the accompanying ten (10) Pension Governance Checklists have been fulfilled and completed unless indicated in yellow.

Jamie Bruno,
VP, People and Transformation
DATED the 23 day of May, 2024.

Brad MacIssac, VP Administration
DATED the 24 day of May, 2024.

Sara Gottlieb,
General Counsel
DATED the 23 day of May, 2024

2023-2024 Board and Committee Practices Assessment Results Summary

Presented to: Governance, Nominations & Human Resources
Committee (GNHR)

Presented by: Krista Hester, Interim University Secretary

Date: May 30, 2024

Results and Key Themes

Board Practices Assessment

- The Board understands major challenges facing the University (very positive)
- There is an effective committee structure (very positive)
- Discussions are respectful (very positive)
- Management is prepared for Board meetings (very positive)
- The Board has effective committee chairs (very positive)
- Board members read the material ahead of Board meetings (very positive)

Board's Most Significant Achievement in Past Year

- Onboarding of new governors, governor renewals and succession planning
- Financial stewardship
- Approving a balanced budget in challenging circumstances
- Supporting the IARP, Strategic Research Plan and Management's Differentiated Growth Strategy

Most Important Thing Board Could Do to Improve Effectiveness

- Ensure new Board members have a deeper understanding of strategic plans to accelerate their ability to contribute to strategic discussion
- Board members to remain strategic and not get into operational matters
- Engagement of all members in discussions and be more involved in meetings
- Increase time spent on strategic discussions

Comments on Board Structure

- Board is well managed, excellent communication
- Positive experience during terms
- Ensure more time for strategic discussions
- Administration is always well prepared and open to receiving advice
- Increased communication of committee activities
- The virtual option is convenient

Feedback Regarding Committee Effectiveness

- Virtual format improves attendance
- Staff always prepared, and appreciated
- Meetings are timely, professional, respectful
- Continued adaptation to maximize effectiveness, ensures University and community needs are met.

DRAFT BOARD SCHEDULE 2024-2025

COMMITTEE	2024-2025	TIME
Audit & Finance Committee	November 21, 2024	2:00 - 5:00 p.m.
Audit & Finance Committee	February 13, 2025	2:00 - 5:00 p.m.
Audit & Finance Committee	April 10, 2025	2:00 - 5:00 p.m.
Audit & Finance Committee	June 18, 2025	9:00 - 1:00
Board of Governors Retreat	April 3, 2025	9:00 a.m. - 12:00 noon
Board of Governors - Orientation	September 26, 2024	9:00 a.m. - 12:00 p.m.
Board of Governors	September 26, 2024	12:00 - 2:00 p.m.
Board of Governors	November 28, 2024	12:00 - 5:00 p.m.
Board of Governors	February 20, 2025	12:00 - 5:00 p.m.
Board of Governors	April 17, 2025	12:00 - 5:00 p.m.
Board of Governors - AGM	June 26, 2025	9:00 a.m. - 3:00 p.m.
Governance, Nominations & Human Resources Committee	October 24, 2024	2:00 - 5:00 p.m.
Governance, Nominations & Human Resources Committee	January 30, 2025	2:00 - 5:00 p.m.
Governance, Nominations & Human Resources Committee	March 20, 2025	2:00 - 5:00 p.m.
Governance, Nominations & Human Resources Committee	May 29, 2025	2:00 - 5:00 p.m.
Strategy & Planning Committee	November 14, 2024	2:00 - 5:00 p.m.
Strategy & Planning Committee	February 6, 2025	2:00 - 5:00 p.m.
Strategy & Planning Committee	April 3, 2025	2:00 - 5:00 p.m.
Strategy & Planning Committee	June 19, 2025	2:00 - 5:00 p.m.
OTHER DATES		
Fall Convocation	October 17, 2024	To be confirmed
Convocation	June 4 - 6, 2025	To be confirmed

DRAFT BOARD SCHEDULE 2025-2026

COMMITTEE	2025-2026	TIME
Audit & Finance Committee	November 20, 2025	2:00 - 5:00 p.m.
Audit & Finance Committee	February 12, 2026	2:00 - 5:00 p.m.
Audit & Finance Committee	April 9, 2026	2:00 - 5:00 p.m.
Audit & Finance Committee	June 11, 2026	2:00 - 5:00 p.m.
Board of Governors Retreat	April 2, 2026	9:00 a.m. - 12:00 noon
Board of Govenors Orientation	October 1, 2026	
Board of Governors	October 1, 2026	12:00 - 2:00 p.m.
Board of Governors	November 27, 2025	12:00 - 5:00 p.m.
Board of Governors	February 19, 2026	12:00 - 5:00 p.m.
Board of Governors	April 16, 2026	12:00 - 5:00 p.m.
Board of Governors - AGM	June 25, 2026	9:00 a.m. - 3:00 p.m.
Governance, Nominations & Human Resources Committee	October 23, 2025	2:00 - 5:00 p.m.
Governance, Nominations & Human Resources Committee	January 29, 2026	2:00 - 5:00 p.m.
Governance, Nominations & Human Resources Committee	March 19, 2026	2:00 - 5:00 p.m.
Governance, Nominations & Human Resources Committee	May 28, 2026	2:00 - 5:00 p.m.
Strategy & Planning Committee	November 13, 2025	2:00 - 5:00 p.m.
Strategy & Planning Committee	February 5, 2026	2:00 - 5:00 p.m.
Strategy & Planning Committee	April 2, 2026	2:00 - 5:00 p.m.
Strategy & Planning Committee	June 18, 2026	2:00 - 5:00 p.m.
OTHER DATES		
Fall Convocation	October 15, 2026	To be confirmed
Convocation	June 3 - 5, 2026	To be confirmed