SEXUAL ASSAULT PROTOCOL REVISION REQUEST FORM

Signatory partners, associated agencies and organizations, and area service providers are invited to complete this form to request a change, addition, or deletion to the Protocol with priority attention to the descriptions of their services and programs.

Completed forms should be submitted to the Chair, KFACC
P.O. Box 21042, Kingston, ON, K7L 5P5

Name of organization:_____

Your name:_____ Telephone #:_____

Email address:_____ Fax #:_____

Revision Requested: Include section name, page #, and description of changes needed

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Rationale for Requested Revision:

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Please list any attachments included with this form:

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