

Policy on Sexual Misconduct, Harassment and Unacceptable Behaviours

Appendix A1 Stage 1: DISCLOSURE REPORT FORM

This form is used to document disclosures and manage early support and preliminary investigation in cases involving harassment, sexual violence, or related misconduct. It can be completed by support officers, investigators, or by the individual disclosing an incident. Please complete all relevant sections.

Section A: Reporting Party Information

- ☐ I am a support officer conducting an initial meeting
- ☐ I am an investigator conducting a preliminary investigation
- ☐ I am the person making the disclosure (Complainant)
- ☐ I am a third party reporting on behalf of someone else

If you are a third party, please describe your relationship to the individual(s) involved:

Section B: Complainant Information

Name:

Preferred Contact Method:

Email:

Phone:

Support Person (optional):

Status (e.g. student, staff, visitor):

Section C: Respondent Information

Name:

Status (e.g. student, staff, external):

Relationship to Complainant (if known):

- ☐ Sexual Misconduct
- ☐ Harassment
- ☐ Other Unacceptable Behaviour

If 'Other Unacceptable Behaviour', please describe:

Section E: Details of Incident(s)

Describe each incident, including dates, location, and specific behaviours.

- Keep information factual and language non-judgemental, and avoid making assumptions or suppositions in your record.
- Provide as much detail as possible.
- Where more than one incident is being reported, ensure that these are clearly recorded as separate incidents.
- If a separate written record or any note(s) has been made regarding the reporting of an incident, state this and provide a link to where this information is held.
- Extend the box below as necessary to record all the information you need to.

Incident Details (date, time, location, specific information)

Section F: Actions Taken So Far

Detail any actions taken, including support offered, reporting to authorities, risk assessments, or interim measures. Record where there has been clear agreement by the Complainant to any actions already taken.

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Section G: Others Aware of the Situation

List individuals who are already aware of the incident(s), including support services.

Name	Position

Section H: Preferences or Agreements from Complainant

Indicate any preferences or requirements the Complainant has expressed or agreements reached so far regarding next steps. Record where/if there has been clear agreement by the Complainant to any actions already taken, and where agreement is pending and more time has been agreed.

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Section I: Additional Information

Include any other relevant or supporting information not already covered above.

Section J: Complainant Statement

- ☐ **I confirm** the information in this report is accurate to the best of my knowledge
- ☐ **I understand** this form will be shared on a strictly necessary confidential basis with one or more designated members of staff for record purposes and/or follow-up, in accordance with the institution's Duty of Care and its policies and procedures
- ☐ **I understand** that in the event of any action arising from this report, my personal data will be processed on a necessary and confidential basis for support and investigation purposes
- ☐ **I understand** that in the event of a Police demand requesting it, this form and its contents will need to be shared with the Police by the institution
- ☐ **I prefer** that a member of support staff from the institution be contacted by the Officer completing this report, as a means of support for me
- ☐ **I prefer** that a person who comes from somewhere other than the institution be contacted as a means of support for me

Details of person to be contacted (this may be a family member, friend, healthcare or other professional, or an organisation if a specific person is not currently identified):

Section K: Complainant Declaration of Consent

The Complainant should complete one of the two statements below:

- ☐ **I consent to the sharing of this form** for the purposes of enabling the institution to take any follow-up or further action, including action under any disciplinary/misconduct procedures
- OR**
- ☐ **I do not consent to the sharing of this form** for the purposes of enabling the institution to take any follow-up or further action, including action under any disciplinary/misconduct procedures, and that this may mean the institution cannot act upon the information shared in

this form. I understand that I can still be referred for support but that this form will not be shared with any such referral by the institution.

Section L: Institutional Officer Summary, Next Steps and sign-off

Summarise findings, agreed next steps, or pending actions. Specify whether further investigation or support will follow.

Signature of Institution's Officer: _____

Date of signature and completion of this form (DD/MM/YYYY): _____