

Sexual Violence Disclosure: Template for First Responders

Please complete this form as fully as possible and send to the Director of Student Services and the Security Manager.

Director of Student Services	Manuel Alonso	M.Alonso@lboro.ac.uk ; (01509) 222050
Security Manager	Geoff Feavyour	G.Feavyour@lboro.ac.uk (01509) 222115

Please record the **date and time** that the disclosure was made to you:

Date:	
Time	

Your Details

Name	
Role:	

Details of the Disclosure

Name of the person making the disclosure (only with their permission):	
Name of alleged perpetrator if given:	
Was the incident recent/ non-recent?	Non-Recent
Time since incident occurred:	Approximate
Is there a safeguarding issue?	
If you are unsure as to whether there is a concern, please click on the following link: http://www.lboro.ac.uk/services/student-services/staff/whattodoifyoureconcernedabout/safeguarding/	

Please include brief details of the nature of the incident (if you have these). It is important not to probe for a detailed account, but it is helpful to understand the nature of the incident, where it happened and when it happened.

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Please detail options discussed and survivor's views on likely action they will take.

Please note details of the support offered to the survivor and details of any support they are already accessing.