**Sexual Violence Disclosure: Template for First Responders**

Please complete this form as fully as possible and send to the Chief Operating Officer and Director of Student Services.

| | | |
|---|---|---|
| Chief Operating Officer: | Richard Taylor | r.taylor@lboro.ac.uk; (01509) 222223 |
| Director of Student Services: | Manuel Alonso | m.alonso@lboro.ac.uk; (01509) 222050 |

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? | No |

| |
|---|
| Please record the options discussed and what decisions were taken by the survivor: |
| |