



Oakswood College

Empowering Through Education



Sexual Misconduct, Harassment & Unacceptable Behaviours

Stage 1 Report Form

PROMOTING EXCELLENCE • ENSURING COMPLIANCE
SUPPORTING OUR COMMUNITY



GOVERNANCE



QUALITY



COMPLIANCE



EXCELLENCE



(Trading name of Oakswood Group Ltd)

APPENDIX A1

Sexual Misconduct, Harassment and Unacceptable Behaviours Policy

Stage 1 Report Form

Review: Annually alongside the main policy

Instructions:

This form should be completed by the member of staff who receives a disclosure or report, or by the person making the report themselves. It is used to record the initial disclosure and the immediate steps taken. Completion of this form does not commit the reporting person to any formal process.

This form can also be used by a person wishing to make a disclosure to the College. In this event, the form should be completed as fully as possible and emailed to the Head of Governance, Quality, Compliance & Information System, who will contact the reporting party in confidence to arrange immediate support, and will assign a Disclosure Investigation Officer

Data protection notice: Information recorded on this form will be held securely and processed in accordance with the UK General Data Protection Regulation and the College's Data Protection Policy. It will be shared only on a need-to-know basis and retained for three years from the date of completion, after which it will be securely destroyed.

Stage 1- Report Form

Confidential: To be completed by the recipient of a disclosure or concern.

- This form can also be used by a person wishing to make a disclosure to the College.
- In this event, the form should be completed as fully as possible and emailed to the Head of Governance, Quality, Compliance & Information System, who will contact the reporting party in confidence to arrange immediate support, and will assign a Disclosure Investigation Officer

Part 1: Person Completing This Form

(This can be the person making the report, or the person who has had a disclosure made to them)

Name	
Role or relationship to reporting person	
Date of completion	
Date and time of disclosure or report	

Part 2: Reporting Person

Name	(or 'Anonymous' if not disclosed)
Status	Student <input type="checkbox"/> Staff <input type="checkbox"/> Other (please specify): _____
Course or Department (if applicable)	
Preferred contact method	



Informed that absolute confidentiality cannot be guaranteed?

Yes No

Part 3: Person Alleged to Be Responsible

Name (if known)

Status

Student Staff Other (please specify):

Course or Department (if applicable)

Relationship to reporting person

Part 4: Details of the Incident

Please provide as much detail as is known at this stage. This is an initial record only. A full account will be gathered as part of any subsequent process.

Date or dates of incident

Location

Description of what occurred as reported

Provide a detailed account as reported. Please refer to Appendix A for further guidance.

Did the incident occur online or through digital communications?

Yes No Partly

Are there any witnesses?

Yes No Unknown

Names if known: _____

Has the matter been reported to the police?

Yes No Unsure

Part 5: Immediate Support Offered

Was support offered to the reporting person?

Yes No

If yes, what support was offered or accepted?

Named point of contact assigned to reporting person

Part 6: Survivor agency

Document below any points that were discussed, including any potential actions, any timeframes agreed for decisions to be thought about, etc.

Any follow-up action needed, and if so, by whom?

Eg Complainant to confirm via email / via follow-up meeting if they wish to XX...

Part 7: Signature of Person completing this Form

Name of person completing this form

Signature of person completing this form

Date

Please now email this form, marking your email 'Confidential', to the Head of Governance, Quality, Compliance & Information Systems at compliance@oakwoodgroup.co.uk

On receipt of this form, the Head of Governance, Quality, Compliance & Information Systems will review it and proceed to complete the remainder of the form (Sections 8 and 9 on the following pages).

Part 8: Review and Triage Decision

To be completed by the Head of Governance, Quality, Compliance & Information Systems or their nominee, follow the review of this form.



Does this report raise a safeguarding concern?	Yes <input type="checkbox"/> DSL notified on [date]: _____ No <input type="checkbox"/>
Does this report raise a Prevent-related concern?	Yes <input type="checkbox"/> Prevent SPOC notified on [date]: _____ No <input type="checkbox"/>
Does the conduct described may constitute a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>
Has the reporting person been informed of their right to report to the police?	Yes <input type="checkbox"/> No <input type="checkbox"/> Already done <input type="checkbox"/>
Are immediate precautionary measures required?	Yes <input type="checkbox"/> See Appendix C No <input type="checkbox"/>
If precautionary measures are required, specify what these are (including whether these are being considered and tbc):	
Proposed next step	Formal investigation <input type="checkbox"/> Alternative resolution (Appendix B) <input type="checkbox"/> No further action <input type="checkbox"/> Other: _____
Reasons for decisions on next steps	
Triage completed by	
Date	

Part 9: Completion and sign-off of this form

Is there a need to assign a Disclosure Investigation Officer? Y/N/TBC	Yes <input type="checkbox"/> No <input type="checkbox"/> TBC <input type="checkbox"/>
If so, name of Disclosure Investigation Officer	<i>This may be the same person as the Initial Supporter where appropriate</i>
Date the case assigned to Disclosure Investigation Officer	



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Signature of Head of GQC & IS confirming triage review	
Date this form fully completed (DD/MM/YYYY)	

This form should be stored securely and in accordance with data protection legislation.