Support and Report Form

This is a Word version of the online form used for reporting serious incidents.

It is provided only to list the questions that are asked on the form itself, to help you prepare for making a report.

Click here to open the form itself

Use this form to report serious issues, such as potential misconduct (including harassment and sexual misconduct) that you have experienced or witnessed. This form will be processed by the Student Services team at LAMDA.

* = Required question

Introduction

You will need to complete this form in one go. To help you prepare for this, you can download this Word document that shows all of the questions.

At the end of this form, you will be asked for your contact details. If you would like Student Services to respond to this form and discuss potential next steps with you, you will need to share your contact details.

LAMDA will not normally act solely on the basis of anonymous allegations of misconduct. Anonymous reporting can help LAMDA to build up an understanding of an issue or situation, and Student Services will consider all anonymous reports received. However, it is almost always preferable to speak confidentially to one of the Student Services team, so that appropriate support can be offered.

https://www.lamda.ac.uk/all-courses/coming-lamda/your-wellbeing

1.	I understand and want to complete this form *
	☐ Yes

Report

2.	How would you describe what has happened? * Tick all that apply
	Harassment Sexual Misconduct Physical Misconduct / Threatening Behaviour Hate incident Bullying or victimisation Theft or damage to property Disruption Other / Not sure
3.	Where did this happen? * Tick all that apply
	On campus On placement On location / on a LAMDA trip Online Don't know Prefer not to say Other
4.	When did this happen? *
	 Within the past three months Within the past year Within the past one to three years More than three years ago Don't know
5.	This happened to *
	
6.	When this happened, was the person who experienced it a registered student at LAMDA? $\mbox{\ensuremath{^{\star}}}$
	☐ Yes ☐ No ☐ Don't know

ii other people were involved in this incident, please tick any categories you think apply
☐ Current student
Former student
Member of staff
Former member of staff
Visitor
☐ Member of the public
☐ Prefer not to say
If you are reporting on behalf of someone else, please confirm you have their permission to make this report
☐ Yes, I have their permission
No, I do not have their permission
☐ Not applicable
If you are able to, please give a brief description of what happened
If you would rather just talk to someone in Student Services, please let us know here.
I wish to give my contact details
Two its give my semast details
☐ Yes, I will give my contact details
□ No, I wish to remain anonymous
,

Anonymous forms only

There are some optional questions here. If you do complete them it will help us to monitor trends and identify areas we may need to improve

11.	Why did you choose not to give your contact details? *
	☐ I've made a report in the past and no action was taken☐ I don't think I will be believed☐ I am embarrassed☐
	 I am concerned about the consequences for me I am concerned about the consequences for other people. I don't want anyone to know what happened
	☐ This isn't a very serious matter
Monit	oring data
12.	Optional question (age): how old is the person who experienced this?
	Under 18
	☐ 18-21
	22-25
	☐ 26-35
	36-45
	46-55
	56 or over
	☐ Prefer not to say
13.	Optional question (gender): how does the person identify?
	Woman
	☐ Man
	Transgender woman
	Transgender man
	☐ Non-binary
	Prefer not to say
	☐ I don't know
14.	Optional question (sexual orientation): how does the person identify?
	Bisexual
	Gay or lesbian
	Heterosexual or straight
	Other sexual orientation
	☐ Prefer not to say

		Asian or Asian British (any Asian background incl. Bangladeshi, Chinese, Filipino, India, Pakistani)
		Black, African, Black British or Caribbean
		Mixed or multiple ethnic groups
		White (any White background)
		Latino / Latina / Latinx
		Arab
		Other
		Unknown
		Prefer not to say
16.	Optio	onal question (religion): how does the person identify?
		None
		Buddhist
		Christian
		Hindu
		Jewish
		Muslim
		Pagan
		Sikh
		Other
		Prefer not to say
17.		nal question (disability): does the person have any disabilities, health conditions or ng differences?
		Learning differences (eg dyslexia, ADHD)
		Social / communication conditions (eg autistic spectrum disorder or speech impairment)
		Long-term illness (eg cancer, HIV, diabetes, epilepsy)
		Mental health conditions (eg depression, anxiety, bipolar) Physical impairment
		D/deaf or hearing impairment Blind or visual impairment
		Developmental condition (eg affecting motor, cognitive, social or language skills)
		A condition not listed above
		None
		Prefer not to say

Contact details – named forms only

18.	Name *
19.	Email address *
20.	Phone number *
21.	If you are a current student, what course are you taking? *
Monito	oring data
22.	Optional question (age): how old is the person who experienced this?
	 Under 18 18-21 22-25 26-35 36-45 46-55 56 or over Prefer not to say
23.	Optional question (gender): how does the person identify?
	 Woman Man Transgender woman Transgender man Non-binary Prefer not to say I don't know
24.	Optional question (sexual orientation): how does the person identify?
	□ Bisexual□ Gay or lesbian□ Heterosexual or straight□ Other sexual orientation□ Prefer not to say

25.	Optional question (ethnicity): how does the person identify?
	 Asian or Asian British (any Asian background incl. Bangladeshi, Chinese, Filipino, India, Pakistani)
	☐ Black, African, Black British or Caribbean
	☐ Mixed or multiple ethnic groups
	☐ White (any White background)
	Latino / Latina / Latinx
	☐ Arab
	Other
	Unknown
	☐ Prefer not to say
26.	Optional question (religion): how does the person identify?
	None
	Buddhist
	Christian
	Hindu
	☐ Jewish
	☐ Muslim
	Pagan
	Sikh
	Other
	Prefer not to say
27.	Optional question (disability): does the person have any disabilities, health conditions or learning differences?
	Learning differences (eg dyslexia, ADHD)
	 Social / communication conditions (eg autistic spectrum disorder or speech impairment)
	Long-term illness (eg cancer, HIV, diabetes, epilepsy)
	☐ Mental health conditions (eg depression, anxiety, bipolar) Physical impairment
	☐ D/deaf or hearing impairment Blind or visual impairment
	☐ Developmental condition (eg affecting motor, cognitive, social or language skills)
	A condition not listed above
	None
	☐ Prefer not to say