

Report with Details Questions

Any question with an asterisk (*) is required information. The form will not move forward unless this question is completed.

The actual online form contains more support information, and definitions of different terms.

1.*

I would describe what happened as	Bullying Harassment Discrimination Hate Incident or Hate Crime Sexual Misconduct I don't know. Other (please specify)
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2.*

This incident happened to	Me Someone else Other (Please specify) If you are reporting an incident(s) that happened to someone else, please could you outline your relationship with this person(s). (optional) Free Text Box
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3.*

I am a	University of Warwick Student University of Warwick Member of Staff Visitor to the University Other (please specify)
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4.*

I am studying or working in	The Faculty of Arts (dropdown) The Faculty of Science, Engineering, and Medicine (dropdown) The Faculty of Social Sciences (dropdown) Professional Services (dropdown) Other Prefer not to say
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5.*

When did the incident(s) happen?	Date/ Approximate time period Time/ Approximate time of day
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6.*

Where did the incident(s) happen?	On Campus Off Campus Free Text Box
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7.*

Let us know what happened	Free text box
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8.

I would like to attach an image related to what happened This is optional.	Ability to attach images Free text box
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9.*

The person(s) I am reporting is a	Student Member of University Staff Visitor to the University Member of the public Prefer not to say Other (please specify) Don't know
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10.*

Have you already reported the incident(s), or informed a member of University/SU staff?	Yes: to the University Yes: to the Students' Union Yes: to an external organisation Yes: Other No
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11.*

If you ticked Yes, could you tell us who you reported the incident (s) to?	Free text box
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12.*

If you ticked Yes, are you happy for the University to contact the person(s) or organisation that you reported the incident(s) to?	Yes No Other (please specify)
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13.*

Personal Details	Surname/ last name First name University ID Number Date of Birth Preferred email address Preferred telephone contact number (optional)
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14.*

Please select your preferred method of contact.	Email Telephone Call Text Message Other (please specify)
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15.*

Do you have a preferred contact time between 09:00 and 17:00, Monday-Friday?	Preferred time of day for contact, Monday-Friday: 09:00-10.00 10.00-11.00 11.00-12.00 13.00-14.00 14.00-15.00 15.00-16.00 16.00-17.00 Any time is okay
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Demographic Questions: These are all optional and can be skipped

The following demographic questions are optional, with answers helping us to target any future preventative and proactive work at the University. For example, this information could help	Next Skip to report submission (LINK TO REPORT SUBMISSION)
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<p>us identify groups of people who may be at a higher risk, which will enable us to focus our policies, guidance and support for these groups. We do not include any personally identifiable details in these monitoring reports.</p>	
<p>What is your age group?</p>	<p>17 and Under 18 - 21 years 22- 25 years 26 - 35 years 36 - 45 years 46 - 55 years 56 - 65 years 66 and over Prefer not to say</p>
<p>Disability. The Equality Act 2010 describes a disabled person as:</p> <p>"...anyone who has a physical, sensory or mental impairment, which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities."</p> <p>Do you consider yourself to be disabled within the definition of the Equality Act 2010?</p>	<p>No Yes Prefer not to say</p>

What is your ethnicity?	<p>White</p> <p>Mixed- White and Black Caribbean Mixed-White and Black African Mixed- White and Asian Other mixed background</p> <p>Asian or Asian British- Indian Asian or Asian British- Pakistani Asian or Asian British-Bangladeshi Asian or Asian British- Other Asian background</p> <p>Black or Black British- Caribbean Black or Black British- African Black or Black British- Other Black background</p> <p>Chinese Arab Gypsy or Traveller Other ethnic group Prefer not to say</p>
How would you describe your gender?	<p>Male Female Non Binary Prefer to Self-Describe (please specify) Prefer not to say</p>
Is your gender identity the same as the gender you were assigned at birth?	<p>Don't know Yes No Prefer not to say</p>
How do you define your sexual orientation?	<ul style="list-style-type: none"> · Asexual / Asexual Spectrum · Bi / Bisexual / Bi+ · Gay Man · Gay Woman / Lesbian · Gay (Other) · Heterosexual / Straight · Queer · Other · Choose not to define · Prefer not to say
Do you have a religion or belief?	<p>No religion Buddhist Christian Hindu Jewish</p>

	<p>Muslim</p> <p>Sikh</p> <p>Spiritual</p> <p>Prefer not say</p> <p>Any other religion or belief (please specify)</p>
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Conclusion

16.*

Support Available	Please tick this box to state that you have read and are aware of the support services available to you, as this is a report with details, your assigned advisor will be able to signpost you to relevant support services.
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17.*

Send Report	<p>You are choosing to submit a report with contact details; an advisor will be in contact within 2 University working days.</p> <p>The University of Warwick takes these reports very seriously and may judge that action is required even if the person reporting is not requesting any, particularly if members of the Warwick community are endangered. This may include contacting any identifiable targets of such behaviour, the accused party and any witnesses, or implementing a precautionary suspension. There are exceptions to this approach, specifically where it may not be safe or appropriate to inform an accused party.</p> <p>By submitting this form you agree to the use of your personal information in line with the University's privacy policy.</p>
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