

# REPORT OF SEXUAL ASSAULT OR SEXUAL HARASSMENT



## INFORMATION

Please call the police on 000 if you have immediate concerns for your safety or the safety of others.

This form can be used to report sexual harassment or sexual assault to Sheridan Institute of Higher Education for Sheridan to investigate under its rules and policies.

Your personal safety is our priority. You may submit a report directly to the police by calling 131 144 and/or Sheridan via this form.

Please submit this form to Sheridan’s Designated First Responder or Sheridan’s Alternative Designated First Responder or, if you choose submit anonymously, please submit by emailing the report to [incident@sheridan.edu.au](mailto:incident@sheridan.edu.au) .

Designated First Responder - Director of Student Services Christa Smith

Alternative Designated First Responder - Academic Principal Natalie Leitão

All reports are treated seriously and confidentially. Any report made via this form will be sent only to relevant senior officers at Sheridan.

## SUPPORT

There is support available. You may discuss any concerns with Sheridan’s First Responder or Sheridan’s Alternative First Responder. Please call +61 6222 4222.

The Sexual Assault Resource Centre can also support and assist you 24 hours a day.

SARC- Please visit <https://www.kemh.health.wa.gov.au/Other-Services/SARC> or call (08) 6458 1828 1800 199 888

If you choose to remain anonymous, please tick the box indicating you would like to submit an anonymous report.

Anonymous Report: Yes  No

*We will accept anonymous reports, however our ability to investigate is limited if we are not able to contact you for additional information. All information provided will be treated as confidential.*

*If you are submitting an anonymous report please do not complete the Personal Details section of this form.*

## PERSONAL DETAILS

Family Name:	Given Name:
Email:	Phone No.:
Sheridan Staff: <input type="checkbox"/> Staff Role:	Visitor: <input type="checkbox"/>
Sheridan Student: <input type="checkbox"/> Student ID:   9   2	
Whole Institute: <input type="checkbox"/> Other - Please specify:	

## ACCIDENT/INCIDENT DETAILS

Date of Report:	Date of Event:	Time of Event:
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Location/s:		
Reported to:		
Full description of accident/incident:		
<p>Please include the details of any witnesses to the incident (if applicable) and if you are not submitting the report anonymously.</p>		
<p>If you are submitting the report anonymously, you may choose not to submit the details below. Reporting the incident to the police is also your choice. If you have chosen to submit the incident to the police, please include the information requested below.</p>		
Police Report <input type="checkbox"/>	Report Number:	
Photos/Video <input type="checkbox"/>	Medical Documents <input type="checkbox"/>	Other: