

## ANNEX 3



**Strictly Confidential**

### RAISING A CONCERN – PART A

**Not all sections of this form will be relevant to your concern and will therefore not need completing.**

#### Details of Person Raising the Concern

Student	<input type="checkbox"/>	Staff Member	<input type="checkbox"/>	Other	<input type="checkbox"/>
Name					
School/Directorate					
Student ID Number					
Course of Study and Year of Study					
Contact Telephone No.					
Email Address (if staff or student please use your University email address)					
Address					
Which contact details would you prefer we used?		<div style="display: flex; align-items: center;"> <div style="flex: 1;"> Email address   Telephone no.   Address </div> <div style="flex: 0.2; text-align: center;"> <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>  <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>  <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/> </div> </div>			

#### Details of Person Concern Relates to

Student	Yes <input type="checkbox"/>	Staff Member	Yes <input type="checkbox"/>
Name			

School/Directorate (if known)	
How do you know this person? (e.g. friend, flatmate, partner, work colleague, stranger etc)	

### Concerns

What are your concerns about this individual? Please provide as much information as possible including dates, where any incident occurred etc.	
Where did the concerns come from? For example, have you witnessed the individual's behaviour?	
Is the individual aware of your concerns?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give further information	
Have you spoken to anyone else about your concerns? (e.g. your School, the police etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who and when?	
Are there are other witnesses who can be contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide their details:	

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### Support (if relevant)

Do you feel you have enough support in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please provide details of the support you would like to access:		

### Supporting Evidence

Can you supply any supporting evidence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please attach it to this form and list it below (supporting evidence may include screenshots, emails, photographs etc)		

### Outcome

Please provide a brief outline of the outcome you are hoping can be achieved by raising this concern.

I confirm that:

- the information provided within this form is accurate.

I understand that:

- this information, along with any supporting documents, may be seen by parties named on this form and by relevant University Schools and Directorates as required to ensure any risks are managed and safety maintained.
- the information will not be disclosed to any other third party and will not be used outside of the University, unless required by law or in an emergency.

- the information may be used if Disciplinary action is required by the University (see <https://www.dundee.ac.uk/governance/dca/discipline/>).
- information submitted anonymously will be considered but action will only be taken if there is enough information to enable the University to make further enquiries.

Privacy notices are available to view at: <https://www.dundee.ac.uk/information-governance/dataprotection/>.

<b>Signature</b>	
<b>Print Name</b>	
<b>Date</b>	

Please email this form to [Safeguarding@dundee.ac.uk](mailto:Safeguarding@dundee.ac.uk)

<b>For Office Use:</b>	<b>Reference:</b>
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