



# ICEP Europe Sexual Misconduct Reporting Form

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Strictly Confidential

For use by students, staff, or external parties wishing to submit a formal report under the ICEP Europe Sexual Misconduct Policy.

## SECTION A: Reporter Information

Full Name:

Role/Relationship to ICEP Europe: ☐ Learner ☐ Staff ☐ Witness ☐ External Reporter

Email Address:

Phone Number (Optional):

Preferred Contact Method: ☐ Email ☐ Phone ☐ Other (please specify):

## SECTION B: Details of the Incident

Date(s) of Incident:

Time (if known):

Location(s): (e.g. module, online forum, email, Zoom, external venue)

Nature of the Incident:

☐ Sexual Harassment ☐ Sexual Assault ☐ Online Misconduct ☐ Stalking ☐ Inappropriate Communication ☐ Other (please specify):

Brief Summary of the Incident:

(Please describe what occurred. You may attach a separate statement if preferred.)

### SECTION C: Individuals Involved

Name of Responding Party (if known):

Are they a student or staff member of ICEP Europe? ☐ Student ☐ Staff ☐ Unknown

Were there any witnesses? ☐ Yes (please list below) ☐ No ☐ Unsure

Witness Names and Contact Information: (Optional)

### SECTION D: Supporting Evidence

Please indicate any supporting documents you are including with this report (if applicable):

☐ Email or message screenshots

☐ Medical or counselling reports

☐ Written statements

☐ Other: \_\_\_\_\_

### **SECTION E: Desired Action**

What would you like to happen next:

- ☐ I am seeking advice and support only
- ☐ I want ICEP to review this and take disciplinary action if appropriate
- ☐ I am undecided – please contact me to discuss options

Do you wish to remain anonymous to the Responding Party? ☐ Yes ☐ No ☐ I understand this may not be possible in a formal investigation

### **SECTION F: Consent & Declaration**

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge. I understand that ICEP Europe will treat this information confidentially and in line with its Data Protection Policy. I consent to the QAE Manager and relevant staff reviewing this report.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Submission Instructions**

Submit this completed form via email to: [info@icepeurope.ie](mailto:info@icepeurope.ie) or to a designated staff member (e.g., Student Support Officer or QAE Manager).

For urgent safeguarding concerns, please mark the email subject line: “Confidential – Safeguarding Matter”.