**QUEEN’S UNIVERSITY BELFAST**

**FORMAL STATEMENT OF FITNESS TO PRACTISE CONCERN FORM**

This form is for use by students, staff and other reporting individuals and should only be used if you wish to make a statement of concern against a Queen’s University Belfast student.

Please read the [Fitness to Practise Regulations](https://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/AppealsConductandComplaints/FitnesstoPractise/FitnesstoPractiseRegulations/) and the [Fitness to Practise Procedure](https://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/AppealsConductandComplaints/FitnesstoPractise/FitnesstoPractiseProcedure/) before completing this form.

Statements made anonymously will not be accepted.

**Section 1: Details of Reporting Person (your details)**

|  |  |
| --- | --- |
| Full Name: |  |
| Email: |  |
| Employer / Placement Provider (if relevant): |  |
| **For Queen’s students only:** |  |
| Student Number: |  |
| School: |  |

**Section 2: Details of student against whom you wish to make a statement of concern (Responding Student)**

|  |  |
| --- | --- |
| Full Name: |  |
| Student number (if known): |  |
| Student’s School (if known): |  |
| Programme of study (if known): |  |
| Year of study (if known): |  |

**Section 3: Details of Fitness to Practise concern**

|  |  |
| --- | --- |
| Date(s) and time(s) of alleged incidents |  |
| Names and contact details of any witnesses  Please note that witness statements should be provided if possible.  Witness Statement Form [LINK] |  |

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| **Please provide details of the statement of concern that is being raised against the Responding Student.** |

**Section 4: Supporting Evidence**

|  |
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| **Please list all of the evidence and documentation attached in support of the allegation:** |

**Section 5: Declaration**

By signing this form, you are declaring that:

* to the best of your knowledge, this form contains a complete and accurate account of all the factors relevant to the statement of concern that you are raising;
* you understand that a copy of this form will normally be provided to the Responding Student(s) who is/are the subject of the statement of concern, or who is otherwise involved;
* you consent to this information and supporting evidence being disclosed to the members of staff involved in the Fitness to Practise process;
* any witnesses listed are aware that you have identified them as witnesses, and have consented to the sharing of any witness statements with the University; and
* if you are a Queen’s student, you are aware that making a complaint which is found to be frivolous or vexatious may be deemed to be a breach of the [Conduct Regulations](https://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/ConductRegulations/).

Signed: Date:

The completed form should be sent by email to the relevant [School Office or Head of School](https://www.qub.ac.uk/contact/Schoolofficecontactdetails/).

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For office use only:

Date concern received: