

SAFEGUARDING

CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS

Diocese.....

Parish.....

STRICTLY CONFIDENTIAL

INCIDENT/CONCERN REPORT FORM

Information received at (time).....on (date).....

By (Name).....

(Role).....

Telephone number.....

Information received: (delete as necessary) by telephone / by letter / in person / by e-mail

This form completed by.....(date).....

All relevant documents should be retained securely and forwarded to the Safeguarding Co-ordinator with this form as soon possible.

Alleged Victim/Survivor, Child, Young Person, Vulnerable Adult

Name.....

Age/date of birth..... Gender: Male/Female

Address.....

..... Telephone number.....

Name of Parent or Guardian..... Telephone number.....
(children only)

Information received from

Name.....

Role.....

Address.....

..... Telephone number.....

Person alleged responsible for incident/concern

Name.....
Role.....

Age/date of birth.....

Address.....

..... Telephone
number.....

Information

Record details of incident(s) or concern(s). If information is given in person, record the location of the conversation and identities of persons present.

Completed by (signature)

Record all actions taken and information received with times and dates. Entries to be signed.

Time/Date		Signature