

Roman Catholic Diocese of East Anglia



Form Ref: R Alleg 1

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

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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)

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Actions and Further Information

Continuation Page...

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

Time/Date		Signature