**Case Number: leave blank**

**Parish:**

 **✓ -** Tick can be used to paste into boxes

|  |  |  |
| --- | --- | --- |
| **Subject 1**Alleged Victim(if relevant)DOBor approx. age | **Name and Address**:Church attended and position held | **Tel/Mob/Email**EmailT:  |
| **Subject 2**Alleged Abuser (if relevant)DOB or approx. age  | **Name and Address:** | **Tel/Mob/Email**EmailT: |
| Contact Person (Referrer) | Position | Church/Agency | Tel/Mob/Email |
|  |  |  |  |
|  (Leave blank)(Leave blank)date(s) referred date opened/reopened date(s) closed  |
|   Children Adults Allegation  (church Officer) Physical Domestic AbuseNeglect Financial  Emotional DiscriminatorySexual abuse Institutional Sexual abuse non-current OtherCSE Notes   |

**NOTES**

|  |  |
| --- | --- |
| Name, age, address and contact details of parent / guardian / carer |  |
| Position and church of person causing concern |  |
| Nature of the concern, including dates, time etc. of any specific incidents: (allegation / behaviour / risk that is causing concern) |  |
| Who have you spoken with about the concern and what was said |  |
| Have you spoken with the parent / guardian / carer – if so when and what was said |  |
| Has anybody spoken with the person causing the concern? If so when and what was said |  |
| Are there any risks to any person currently |  |
| Have you consulted anyone else within the church – if yes when and who? |  |
| Have you consulted anyone else outside the church – if yes when and who? (e.g. police,CADS, adult care etc.) |  |
| Detail any advice or instructions that have been provided to you or to any parties detailed within this report. When was the advice given and who gave the advice? |  |
| Is the person the concern is about aware that this matter has been referred? Yes or NoIf Yes: Have they consented? Yes or No |  |

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| --- |
| Action taken (to be completed by Diocesan Safeguarding Adviser) |

Report completed by:

Date (including year):