Shape, circle

Description automatically generated**Form G**

DO NOT INVESTIGATE

**Reporting a Safeguarding Concern, Allegation or Disclosure**

|  |  |
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| Is an immediate response required? If “yes”, complete referrals to the police and/or social services first | Yes □  No □ |
| Name of referrer |  |
| Role of referrer |  |
| Contact information of referrer |  |
| Name of victim |  |
| CinW role of victim (if relevant) |  |
| Date of birth/age of victim |  |
| Contact information for the victim |  |
| Parent/carer information if victim  is a child |  |
| Is the child a young carer? | Yes □ No □ |
| Name of Alleged Perpetrator |  |
| Is the alleged perpetrator a  Professional or someone in a position  of trust? | Yes □ No □ |
| CinW role of perpetrator (if relevant) |  |
| Date of birth/age of perpetrator |  |
| Contact information of perpetrator |  |
| Parent/carer information if  perpetrator is a child |  |
| Reason for referral: what is alleged to have occurred and how was the  concern identified? (e.g., was this a disclosure of abuse, observed interaction,  third party report, etc.? |  |
| Date, time, and location of incident/disclosure. |  |
| Did the abuse occur within the church context? | Yes □ No □ |
| What is the current risk? |  |
| Category of abuse | Emotional □ Physical □ Neglect □ Physical □ Sexual □ Financial □ |
| Witnesses?  (roles & contact details) |  |
| Does the victim know about this referral? | Yes □ No □ |
| Has the adult victim provided consent for this referral?  Has the parent/carer of a child victim been notified?  DO NOT NOTIFY IF IMPLICATED IN ALLEGED ABUSE | Yes □ No □ |

|  |  |
| --- | --- |
| Time and date of referral |  |
| Signature of referrer |  |

|  |  |
| --- | --- |
| Referral to Police  (Please include contact information and incident number) |  |
| Referral to SSD  (Please include contact information) |  |