

# 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.

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### **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)

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### **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 .....

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## 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