



# Safeguarding Incident, Complaint or Report Form

This form should be completed if you have an incident, complaint or concern regarding the abuse or exploitation of a child or adult who is participating in a community/ministry, or in the event of an alleged breach of the Safeguarding Policy or Code of Conduct. The completed form should be given to the Safeguarding Focal Person.

*Please only complete the details that are known to you at the time of receiving or becoming aware of the incident, complaint or concern. If forwarding by email, please ensure that the document is password protected and the receiver is advised of the password by means other than email e.g. phone, WhatsApp, text.*

## About the disclosure/concern

Date of disclosure/concern:

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Time of disclosure/concern:

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How was the information received? (Attach any written information to this form)

Please circle: Letter    Email    In person

## Details of person making disclosure/raising concern

Name (please print)

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Address

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Tel \_\_\_\_\_ Mobile No

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Email (please print) \_\_\_\_\_



If not the person who the concern relates to, does the person reporting know the person and how?

**Details of child / adult to whom the concern relates to**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Gender \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Language (is interpreter/signer needed) Yes No

Any Disability \_\_\_\_\_

School (if applicable)

**Details of parent/carer (where appropriate or known)**

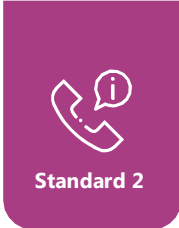
Name \_\_\_\_\_

Address (if different from above)  
\_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Are they aware of the allegation, suspicion, or complaint? Yes No

**Details of alleged subject of the complaint**



Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child or adult (if applicable) \_\_\_\_\_

Occupation \_\_\_\_\_

**Details of concern, allegation or complaint**

(Include dates/times, location of incident(s) occurred, witnesses if known. Include complainant's words where possible. Does the child or adult know this concern is being raised?)

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Is this ministry/community in receipt of funding from any donors? Yes

**Name of Safeguarding Contact Person (Sister/Associated Person) Completing this form:**

\_\_\_\_\_

Signature: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_

**Name of Safeguarding Focal Person who received this form:**

\_\_\_\_\_

Signature: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_

Has the Congregational Safeguarding Advisor been informed? Yes No Date:

\_\_\_\_\_



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