Standard 2

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:

_____

Time of disclosure/concern:

_____

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)

_____

Address

_____

Tel _____ Mobile No

_____

Email (please print) _____

If not the person who theconcern 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 No

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: _____