

A Case Number

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CM1

Diocese:

Parish:

Religious Order:

1. Source and Nature of Concern/ Allegation		
Rec. from:	Date:	Tel No.
Position:		Email:
Nature of Allegation: Physical/Emotional/Neglect/Sexual/Financial/Inappropriate/Historical Summary of Allegation:		
See A (i)		

Does this indicate the person subject of the concern or allegation has:-		
<ul style="list-style-type: none">• Behaved in a way that has harmed a child or adult at risk, or may have harmed a child or adult at risk,• Possibly committed a criminal offence against or related to a child or adult at risk;• Behaved towards a child or adult at risk in a way that indicates they may pose a risk of harm to children or adults at risk; or• Behaved in a way that may compromise the Church's reputation to safeguard the young and the vulnerable.		
	Y	N

2. Subject of concern / allegation	
Name:	
Position:	
Clergy/Religious/Lay:	
D.O.B.:	Tel No:
Address:	
Other:	
Any previous concern:	

3(a). Alleged Victim(s) inc. DOB & Address	
a)	
Sex: M/F	
Ethnicity: (drop down or list)	
b)	

Sex: M/F
Ethnicity: (drop down or list)
c)
Sex: M/F
Ethnicity: (drop down or list)
3(b). Name of Parent/Carer/Guardian (where appropriate)
a)
Address if different:
Tel No. if different:
b)
Address if different:
Tel No. if different:
c)
Address if different:
Tel No. if different:

4. Notification Details					
	Name	Date/ Time		Name	Date/ Time
POLICE			Safeguarding Commission		
LADO			(state who)		
SOCIAL SERVICES			Diocesan Finance		
Health			Media		
Probation			Charity Commission		
Education			I.S.A.		
CSAS			Other		
Bishop			Other		
Insurers			Other		
Legal			Other		

5. Other Relevant Information

Inter-Agency Meeting Convened Yes/ No
 Diocesan Response Steering Meeting Convened* Yes / No
 * or equivalent

Date:
Date:

A(i) Case Number

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SOURCE AND NATURE OF CONCERN/ ALLEGATION (continuation sheet)

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