

**Archdiocese of St Andrews and Edinburgh**

**Safeguarding Reporting Form**

***N.B This form is to be used to report a Safeguarding concern or allegation.***

***If it is not completed by Diocesan Safeguarding personnel, then it must be forwarded immediately to the respective Diocesan Safeguarding Adviser.***

 **CONFIDENTIAL**

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| **TYPE** |  | **ISSUE** |  | **VICTIM ANALYSIS** |  |
| Internal |  | General Enquiry |  | Victim Male |  |
| External |  | Sexual Abuse |  | Victim Female |  |
|  |  | Physical Abuse |  | Victim Sex Unknown |  |
|  |  | Neglect |  | More than one victim (males) |  |
|  |  | Emotional Abuse |  | More than one victim (females) |  |
|  |  | Inappropriate Behaviour |  | Victim age (under 18 years) |  |
|  |  | Internet Exploitation |  | Victim age (above 18 years) |  |
|  |  | Recruitment |  | Victim age (unknown) |  |
|  |  | Financial |  | Victim Vulnerable Adult |  |
|  |  |  |  | More than one victim |  |

|  |  |
| --- | --- |
| **Date and time of contact:** |  |
| **Type of Contact:** | e.g. letter/phone call/face to face meeting |
| **Person making contact:****(This applies if a third party makes contact.)** | **Name:**  **Address:**  **Telephone No:**  **Other Details:**   |
| **Details of Alleged Victim if applicable** |
| **Name:****Address:****Telephone No:****Other Details:** |  |

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| **Details of Reported Perpetrator if applicable** |
| **Name:****Address:****Telephone No:****Other Details:** |  |

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| **Details of concern:** |

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| **Initial action taken:** |
|  |
| **Further action to be taken:** |

**Signed: Date:**

**Name in Full:**

**Address and contact details:**

**Role: Parish (if applicable):**

**If not completed by senior Diocesan Safeguarding personnel, this form must be copied immediately to your Diocesan Safeguarding Adviser immediately.**