Passionist Safeguarding Report Form

This form must be stored securely and only accessible to Local Safeguarding Officer and the Director for Safeguarding.

1. Details of Concern

Date Disclosure/Concern received	
Person making the disclosure	Victim □ Third Party □
Information Received	Phone/Letter/Email/ In person
Category of Abuse	

2. Details of Alleged Perpetrator

Name:		Gender	□Male	□ Female	□ Other
Address:		DOB		Age	
Contact Number		Position in Church/Order			

3. Details of Concern/Allegation

Date(s):		Time:	
Location:			
Frequency:			
Details of the disclosure/ allegation			
Current contact with children:			
Additional Information			

4a. Details of Victim

Name:		Gender	□ Male	□ Female	□Other
Address:		DOB		Age	
Contact Number					

4b. If third party disclosure, please provide details below of person making the disclosure

Name:	
Address:	
Contact Number	

5. Measures Implemented

Has the victim been notified of this disclosure:	Yes □	No □	N/A □

Action Taken:			
Referred Social Services	Yes □ Date referred:	No □	N/A □
Referred Police	Yes □ Date referred:	No □	N/A □
Next Steps:			

7. Sign Off

Person Completing Form		Date	
Tel/Mobile		Email	
Position in Church/Order			

Please attach any additional documents