Parish:

PSO
Tel
E mail:

Incumbent
Tel
E mail:

Subject	Name and Address	Tel/Mob/Email
Alleged Victim ☐ Alleged Abuser ☐ DOB		
Subject	Name and Address	Tel/Mob/Email
Alleged Victim ☐ Alleged Abuser ☐ DOB		

Contact Person (Referrer)	**Position**	**Church/Agency**	**Tel/Mob/Email**

date(s) referred | date opened | date(s) closed

Children ☐ Adults ☐ Allegation ☐ (church officer)

Physical	☐	Domestic Abuse	☐		
Neglect	☐	Financial	☐		
Psych/emotional	☐	Discriminatory	☐		
Sexual abuse	☐	Organisational	☐		
Sexual abuse non-current	☐	Spiritual	☐		
Child Sexual Exploitation	☐	Online	☐	Modern Slavery	☐

School/Nursery

GP

Groups attended

Name: **Case No:**

Notes

Initial Information as Reported:

- **Remember the 5 W's – WHO was involved (name the key people), WHAT happened (facts and not opinions), WHEN did it happen (date and time), WHO it was referred to and WHERE did it happen?**

Signed:
Date:

A copy of this form should be retained confidentially in the parish by the **Parish Safeguarding Officer**. A copy should be e-mailed to the **Diocesan Safeguarding Officer** @ safeguarding.adviser@carlislediocese.org.uk if advice is required.

Ongoing Record

Name: **Case No:**