

Safeguarding Report Form

Completing this form should not stand in the way of contacting the police or local authority in the event of an emergency or urgent safeguarding incident. Contact details can be found on our [website](#).

DETAILS OF THE PERSON COMPLETING THIS FORM	
Name:	
Role:	
Parish:	
E-mail:	Tel/Mobile:
Date and time of completing this form:	
Your position or relationship to who your safeguarding concern is about:	
If different, the name and contact details of the original alerter in the parish:	
DETAILS OF THE PERSON/S THE SAFEGUARDING CONCERN IS ABOUT	
Please circle as applicable: CHILD/YOUNG PERSON VULNERABLE ADULT CHURCH OFFICER	
Name:	
Address: (if known)	
Telephone number: (if known)	
Age/date of birth: (if known)	
Details of parent/carer or guardian of alleged victim:	
DETAILS OF THE SAFEGUARDING CONCERN/INCIDENT BEING REPORTED	
Nature of the concern/incident:	
Date and time of the incident:	
Location of the incident:	
What have you seen or heard? <i>(Make a clear distinction between what is fact, opinion or hearsay)</i>	
Continue on a separate sheet if necessary	
Any other relevant information? <i>(e.g. details of witnesses, concerns about others at risk, etc.)</i>	

This form to be treated as confidential once completed.

DETAILS OF EXTERNAL AGENCIES CONTACTED/INVOLVED

Police: Yes/No	Date/Time/Name/Contact No.
Social Services: Yes/No	Position/Name/ Contact details:
Local Authority: Yes/No	Position/Name/ Contact details:
Other: e.g. NSPCC/School Yes/No	Position/Name/ Contact details:

CONSENT

If concern is about a child, has consent to share been obtained from parent/guardian? (unless implicated)	Yes/No
If child is 16 or 17 has consent to share also been obtained from them?	Yes/No
If concern is about a vulnerable adult has s/he given consent to share?	Yes/No
If consent has not been sought, please detail why?	

Signature: Print Name:
 Date:

Remember to maintain confidentiality and only share with those who need to know
 E-mail form to **safeguarding@portsmouth.anglican.org**

Diocesan Safeguarding Office Use Only

Date Received:

Name of person taking action:

Date	Follow-up actions	Sign