



SAFEGUARDING REPORTING FORM

Please ensure that the person raising an allegation/disclosure/concern is made aware that the matter will be forwarded to the Designated Liaison Person and the Statutory Authorities.

1. About the allegation/disclosure/concern

Date of disclosure _____

Time of disclosure _____

How was the information received?

Telephone Email Letter In Person

2. About the person making the disclosure

Name _____

Address _____

Contact Details Tel _____ Mobile _____

3. Details of alleged victim

Name _____ D.O.B. _____

Address _____

Contact Details Tel _____ Mobile _____

4. Details of alleged perpetrator

Name _____

Address Current _____

Contact Details Tel _____ Mobile _____

Relationship to victim (i.e. priest, laity, religious order) _____

If clergy what is their position in the Church/religious order _____

Address at time of incident _____

Current contact with children/vulnerable adults (if known) e.g. school governor/youth leader/etc.

5. Details of allegation/disclosure/concern

Nature of above

Date it happened _____

Time it happened _____

Where did it happen _____

Has the matter already been referred to the Statutory Authorities? Yes No

If yes, to whom? _____

Has the person raising this matter been made aware that:

- It will be referred to the Statutory Authorities? Yes No
- This record will be sent to the Designated Liaison Person? Yes No

6. Person recording this information

Date of recording _____

Name (Block Capitals) _____

Signature _____

Address _____

Contact Details Tel _____ Mobile _____

Position in Parish _____ Parish of _____

Please forward immediately to Aidan Gordon/Eleanor Kelly to the below address:

***Diocesan Designated Liaison Person
Diocesan Safeguarding Office
Archdiocese of Armagh
Cathedral Road
Armagh
BT61 7QY***