



## 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

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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 Stephen Sherry/Eleanor Kelly to the below address:**

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