

A Case Number 

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CM1

Diocese:

Parish:

Religious Order:

<b>1. Source and Nature of Concern/ Allegation</b>		
Rec. from:	Date:	Tel No.
Position:		Email:
Nature of Allegation: Physical/Emotional/Neglect/Sexual/Financial/Inappropriate/Historical Summary of Allegation:		
See A (i)		

Does this indicate the person subject of the concern or allegation has:-		
<ul style="list-style-type: none"><li>• Behaved in a way that has harmed a child or adult at risk, or may have harmed a child or adult at risk,</li><li>• Possibly committed a criminal offence against or related to a child or adult at risk;</li><li>• Behaved towards a child or adult at risk in a way that indicates they may pose a risk of harm to children or adults at risk; or</li><li>• Behaved in a way that may compromise the Church's reputation to safeguard the young and the vulnerable.</li></ul>		
	Y	N

<b>2. Subject of concern / allegation</b>	
Name:	
Position:	
Clergy/Religious/Lay:	
D.O.B.:	Tel No:
Address:	
Other:	
Any previous concern:	

<b>3(a). Alleged Victim(s) inc. DOB &amp; Address</b>	
a)	
Gender: M/F	
Ethnicity: (drop down or list)	
b)	

Gender: M/F
Ethnicity: (drop down or list)
c)
Gender: M/F
Ethnicity: (drop down or list)
<b>3(b). Name of Parent/Carer/Guardian (where appropriate)</b>
a)
Address if different:
Tel No. if different:
b)
Address if different:
Tel No. if different:
c)
Address if different:
Tel No. if different:

<b>4. Notification Details</b>					
	Name	Date/Time		Name	Date/Time
<b>POLICE</b>			Safeguarding Commission		
<b>LADO</b>			(state who)		
<b>SOCIAL SERVICES</b>			Diocesan Finance		
Health			Media		
Probation			Charity Commission		
Education			I.S.A.		
CSAS			Other		
Bishop			Other		
Insurers			Other		
Legal			Other		

<b>5. Other Relevant Information</b>

Inter-Agency Meeting Convened Yes/ No  
 Diocesan Response Steering Meeting Convened\* Yes / No  
 \* or equivalent

Date:  
Date:

**A(i) Case Number**

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**CM1**

**SOURCE AND NATURE OF CONCERN/ ALLEGATION (continuation sheet)**

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