**Safeguarding Concern Reporting Form**

Send completed form to **safeguarding@blackburn.anglican.org**

If anyone is in immediate danger/harm, call **999**

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| Date of Incident: | DD/MM/YYYY |
| Person Reporting (O):  Parish Role: |  |

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| Parish/Church name: |  |
| Incumbent: |  |
| PSO: |  |

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| --- | --- |
| Person(s) of Concern (C): | Forename:  Surname:  Role in Parish:  Email:  Telephone:  Address:  DOB: |
| Alleged Victim(s) (V): | Forename:  Surname:  Role in Parish:  Email:  Telephone:  Address:  DOB: |
| Alleged Witness(es) (W): | Forename:  Surname:  Role in Parish:  Email:  Telephone:  Address:  DOB: |
| Any other relevant person(s): | Forename:  Surname:  Role in Parish:  Email:  Telephone:  Address:  DOB: |

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| Location of Incident: |  |

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| Details of Incident |
| *List as much detail as possible…* |
| Action taken so far (if any) |
| *List any action taken by anyone in regard to this case (including Diocesan guidance) and any statutory involvement (including referral numbers if possible)* |

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| Any other relevant information |
| *Any supporting information that may add to the knowledge of this case…* |

Signed: Date: