**Cornerstone Evangelical Church, Abergavenny**

**Safeguarding Report Form**

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| **This form should be completed within 48 hours when there is a suspicion of abuse. It must be hand written and then handed to the Safeguarding Co-ordinator. You may want to ring one of us and we can complete the form over the phone for you.****Where a criminal act may have been committed against a vulnerable person, police must also be notified.** | **Safeguarding Co-ordinator – Rebecca Beckingsale**Mobile – 07792 513534**Deputy Safeguarding Co-ordinator – Jan Llewellyn**Mobile – 07720 320147**If unable to contact either of above, or allegations involve both, then contact Martin Brown** Mobile – 07812 023058 |

**1. Details of the person**

|  |  |  |
| --- | --- | --- |
| Title:Mr/Mrs/Ms/other | First name: | Surname: |
| Address:Postcode:  | DOB: Age: Tel:  |

**2. Details of alleged incident**

|  |
| --- |
| Brief description including injuries (if any) |
| Date: | Time: | Location of incident: |
| Any other people in the household/or likely to be involved:Name(s): Age(s)  |
| Any animals in the household (please specify): |

**3. Type of abuse** (can be more than one)

|  |  |  |  |
| --- | --- | --- | --- |
| Physical □ | Financial □ | Sexual □ | Emotional/  Psychological □ |
| Neglect/acts of omission □ | Discriminatory □ | Institutional □ |  |
| Name and contact details of all witnesses:Statements attached: Yes □ No □ |

**4. Details of alleged perpetrator**

|  |
| --- |
| Full name (including nicknames):Address (if known):Indicate if known at more than one address |
| DOB: | Age: | Gender: |
| Is perpetrator a vulnerable adult/child? Yes □ No □ |
| Any information relating to perpetrator:History of violence (weapon, drugs, alcohol, sexual, physical, verbal): (please indicate) |
| Is alleged perpetrator aware of the alert? Yes □ No □ |
| Does the alleged perpetrator live with the person? Yes □ No □ |
| Is the alleged perpetrator the main family carer? Yes □ No □ |

**5. Details of person making the alert**

|  |  |
| --- | --- |
| Full name: | Address: |
| Tel:Email: | Relationship to victim: |

**6. Reported by telephone to**

|  |
| --- |
| Full name: |
| Role: | Date:Time: |

**Signed: Dated:**