

About the suspicion

Date of suspicion/concern/allegation: _____

Time of disclosure/concern/suspicion: _____

How was the information received? (attach any written information to this form)

Telephone

Letter

Email

In person

Details of person making disclosure/raising concern (if different from complainant)

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Relationship to complainant: _____

Details of complainant (this can be anonymised when notifying the NBSCCCI)

Name: _____ DOB/Age: _____

Address: _____

telephone: _____ Mobile: _____

Ethnic origin: _____ Language: _____

Is an interpreter/signer needed? Yes No

Disability: _____ Special needs: _____

Church body (if applicable): _____

Parent/Carer details (where appropriate)

Name: _____

Address (if different from above): _____

Telephone: _____ Mobile: _____

Are they aware of the suspicion, allegation, or complaint? Yes No

Details of respondent

Name: _____ DOB/Age: _____

Address: _____

Telephone: _____ Mobile: _____

Relationship to complainant (parent/priest/teacher etc.): _____

Position in Church body: _____

Address at time of incident: _____

Current contact with children if known (e.g. sits on board of governors of school, runs youth activities etc.)

Any additional information:

Details of concern, allegation, or complaint

(Include dates/times and location the incident occurred, and any witnesses, if known. Does the child/complainant know this referral is being made?)

Referral made to the statutory authorities

Has the matter been referred to the statutory authorities? Yes No

If the answer to the above question is yes, please complete the details below.

If the answer is no, please explain why the matter was not referred to the statutory authorities.

TUSLA

Date referred: _____

Time referred: _____

Name or person it was referred to: _____

Designation: _____

Address: _____

Telephone: _____

Email: _____

An Garda Síochána

Date referred: _____

Time referred: _____

Name of person it was referred to: _____

Designation: _____

Address: _____

Telephone: _____

Email: _____

**Referral to a member of the Church
(ONLY COMPLETE IF THE ALLEGATION RELATES TO CHURCH PERSONNEL)**

Has the matter been referred to the Church authority? Yes No

Date referred: _____

Time referred: _____

Name of person it was referred to: _____

Designation: _____

Address: _____

Telephone: _____

Email: _____

**Next steps
(ONLY COMPLETE IF THIS ALLEGATION RELATES TO A CLERIC OR RELIGIOUS)**

What actions have been taken (if any) by the Church, in relation to the respondent, to safeguard children following receipt of this information?

Sign off

DLP name: _____

DLP address: _____

DLP telephone: _____

DLP email: _____

DLP signature: _____