



# DIOCESE OF DUNKELD

## Allegation Recording Form

**STRICTLY CONFIDENTIAL**

*Once completed please return to Parish Priest / Parish Safeguarding Co-ordinator*

*This form, along with all relevant documents should be retained securely and forwarded to the Diocesan Safeguarding Adviser as soon as possible.*

**NO COPIES SHOULD BE MADE OR KEPT**

**For use by the Diocesan Safeguarding Adviser only**

TYPE	ISSUE	VICTIM ANALYSIS
Internal	General Enquiry	Victim Male
External	Sexual Abuse	Victim Female
	Physical Abuse	Victim Sex Unknown
	Neglect	More than one victim (males)
	Emotional Abuse	More than one victim (females)
	Inappropriate Behaviour	Victim age (under 18 years)
	Internet Exploitation	Victim age (above 18 years)
	Recruitment	Victim age (unknown)
	Financial	Victim Vulnerable Adult
		More than one victim

<i>Date received:</i>	
<i>Bishop / Superior informed (Date):</i>	
<i>Agencies contacted:</i> <i>(date):</i>	<i>Police</i> <input type="checkbox"/> <i>Social Work</i> <input type="checkbox"/> <i>Medical</i> <input type="checkbox"/> <i>other</i> <input type="checkbox"/>
<i>DRAMT date:</i>	

**Name of Parish/Organisation:**

**Information Received On (date):**

**at (time):**

**By (your name):**

**Position:**

**Telephone Number:**

**How was the information received?** (delete as necessary)

**Telephone / In person / E-mail**

**Other:** (please state)

## DETAILS OF ALLEGATION

**Alleged Victim / Survivor, Child, Young Person or Vulnerable Adult**

**Name:** (incl. title)

**Age:** (if known)

**Address:**

**Tel. No.** (if known):

**Name of Parent /Guardian /Carer:** (if applicable)

**Tel. No.** (if known and provided with permission of the person harmed)

**Information Received From**

**Name:**

**Position:**

**Address:**

**Tel. No.** (if known):

**Person alleged responsible for harm**

**Name:**

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**Position:**

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**Age:** (if known)

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**Contact Address:** (if known)

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**Tel. No.:** (if known)

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**Information of allegation(s)**

*Record details of allegation(s) or concern(s). If information is given in person, record as precisely as possible what was actually said, the location of the conversation and identities of persons present. Please remind the person providing the information of the mandatory need to share information with the Diocesan Safeguarding Advisor to be shared with the appropriate authorities.*

***(If the space provided is not sufficient please continue on a separate sheet and attach)***

**Before concluding the discussion / meeting, please:**

- Read back statement made and recorded (if possible please ask for signature below)
- Clarify any unclear information
- Remind the person of the mandatory reporting policy in relation to allegations against clergy
- Check immediate safety Alleged Victim / Survivor, Child, Young Person or Vulnerable Adult
- Inform that they will be briefed on the process throughout
- Ensure the complainant that they will be supported throughout process

**I agree with the statement recorded above:**

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**Completed by (signature):**

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**Print Name (in full):**

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**Date:**

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