PSO

Tel

E mail:

----------------------------------------------------------------

Incumbent

Tel

E mail:

**Parish**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject**  Alleged Victim  ✓  Alleged Abuser  DOB | Name and Address | | | Tel/Mob/Email | |
| **Subject**  Alleged Victim  ✓  Alleged Abuser  DOB | Name and Address | | | Tel/Mob/Email | |
| **Contact Person (Referrer)** | | **Position** | **Church/Agency** | | **Tel/Mob/Email** |
|  | |  |  | |  |
| date(s) referred date opened date(s) closed | | | | | |
| ✓  ✓  ✓  Children Adults Allegation (church officer)    Physical Domestic Abuse  Neglect Financial    Psych/emotional Discriminatory  Sexual abuse Organisational    Sexual abuse non-current Spiritual    Child Sexual Exploitation Online Modern Slavery    School/Nursery  Groups attended  GP | | | | | |
| Notes | | | | | |

**Initial Information as Reported**

**Signed**

A copy of this form should be retained confidentially in the parish by the **Parish Safeguarding Officer**. A copy should be e mailed to the **Diocesan Safeguarding Officer.**

e mail: [carole.Fitzsimons@peterborough-diocese.org.uk](mailto:carole.Fitzsimons@peterborough-diocese.org.uk) Direct Dial: 01733 887040

*Ongoing Record*