



SGD010 V1: Safeguarding Children, Young People & Adults: Case recording for a concern or allegation

Case Reference	-	-	-	-	-	-	-	-	-	Form CM1
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This form collects data from an alleged victim or someone concerned that a child or adult may be at risk. This recording will be the first entry in a file of information about the case which will be retained in a confidential manner by the Safeguarding Coordinator for the Diocese or Religious Congregation.

1. Context of Concerns / Allegation	
Diocese	Name
Religious Order	Name
Parish	Name

2. Source and Nature of Concerns / Allegation	
(i) Referral Details	
Received from	Referrer
Role	Role
Date	Date Received
Phone	Phone
Email	Email
(ii) Summary of Concerns / Allegation	



Summary of Concerns

(iii) Has the person alleged to have perpetrated harm / abuse behaved in any of the following ways:

- Behaved in a way that has or may have harmed a child or adult at risk?
- Possibly committed a criminal offence against or related to a child or adult at risk?
- Behaved towards a child or adult at risk in a way that indicates they may pose a risk of harm to children or adults at risk?
- Behaved in a way that affects the Church's ability, more broadly, to safeguard the young and the vulnerable? e.g., not responding appropriately to concerns meaning that others will be unwilling to come forward; causing the faithful to depart from the church out of a sense of betrayal, etc.

(iv) Is the Concern / Allegation Historical? Yes No
If known, record the month/year.

(v) Does the alleged perpetrator (if known) pose a possible ongoing risk? Yes No

N.B.: If the alleged perpetrator is alive and may have access to children / adults at risk, they pose a possible current risk.

(vi) Nature of Concerns / Allegation (Children)

NB: There are four categories of abuse for children and young people (birth up to 18th birthday) as outlined in [Working Together to Safeguard Children \(2018\)](#). All types of abuse can be included within those categories; e.g., a child who witnesses domestic abuse falls under emotional abuse; female genital mutilation falls under physical/sexual abuse.

- Physical Abuse
- Sexual Abuse
- Neglect
- Emotional Abuse



Does the concern / allegation relate to a possible abuse of power / position / trust? Yes No

(vii) Nature of Concerns / Allegation (Adults)

- | | | |
|--|--|---|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Emotional & Psychological Abuse | <input type="checkbox"/> Neglect & Acts of Omission |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Financial & Material Abuse | <input type="checkbox"/> Organisational & Institutional Abuse |
| <input type="checkbox"/> Psychological Abuse | <input type="checkbox"/> Domestic Abuse | <input type="checkbox"/> Emotional Abuse |
| <input type="checkbox"/> Modern Slavery | <input type="checkbox"/> Discriminatory Abuse | |
| <input type="checkbox"/> Self-Neglect | | |

Does the concern / allegation relate to a possible abuse of power / position / trust? Yes No

2. Subject of concern / allegation (if known)

(i) Personal Details

Full Name	Full Name
Also known as	
Position / Role	Role
D.O.B.	Date
D.O.D. (if deceased)	Date
Diocese / Aligned Diocese	Name
Religious Order	Name
Phone	Phone
Email	Email
Address	Address

Please tick all that apply



<input type="checkbox"/> Clergy	<input type="checkbox"/> Lay	<input type="checkbox"/> Religious
<input type="checkbox"/> Paid staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other
(ii) Further Details		
Please note any other relevant details about the subject of the allegation		
Further information		
Have there been previous concerns?		
Previous concerns		



3. Alleged Victim(s) / Survivor(s) – please complete this page for each victim

(i) Personal Details

Full Name	Full Name
D.O.B.	Date
Phone	Phone
Email	Phone
Address	Address
Gender	Gender
Ethnicity	Ethnicity

(ii) Name of Parent / Carer / Guardian (where appropriate)

Parent / Carer / Guardian (1)

Full Name	
D.O.B.	
Phone	
Email	
Address (if different)	
Gender	
Ethnicity	

Parent / Carer / Guardian (2)

Full Name	
D.O.B.	
Phone	
Email	
Address (if different)	



Gender	
Ethnicity	

4. Notification Details

	Contact Name	Job Title Phone & Email	Date/ Time	Response
Police	Full Name	Role	Date & Time	Action & Response
Local Authority Designated Officer	Full Name	Role	Date & Time	Action & Response
Social Services	Full Name	Role	Date & Time	Action & Response
Health	Full Name	Role	Date & Time	Action & Response
Probation	Full Name	Role	Date & Time	Action & Response
Education	Full Name	Role	Date & Time	Action & Response
CSAS	Full Name	Role	Date & Time	Action & Response
Bishop	Full Name	Role	Date & Time	Action & Response
Religious Leader	Full Name	Role	Date & Time	Action & Response
Insurers	Full Name	Role	Date & Time	Action & Response
Legal	Full Name	Role	Date & Time	Action & Response
Safeguarding Commission	Full Name	Role	Date & Time	Action & Response
Diocesan Finance	Full Name	Role	Date & Time	Action & Response
Media	Full Name	Role	Date & Time	Action & Response
Charity Commission	Full Name	Role	Date & Time	Action & Response



DBS	Full Name	Role	Date & Time	Action & Response
Other	Full Name	Role	Date & Time	Action & Response
Other	Full Name	Role	Date & Time	Action & Response

5. Other Relevant Information

Further information

6. Response Processes

Inter-Agency Meeting Convened	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Details
Diocesan Response Steering Meeting Convened or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Details
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Details



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Source and Nature of Concern / Allegation (continuation sheet)

Recording (continuation sheet)

