

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 to the statutory authorities**

Has the matter been referred to the statutory authorities?

Yes No If the answer to the question above 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 of person it was referred to: _____

Designation: _____

Address: _____
_____**Gardaí**

Date referred: _____

Time referred: _____

Name of person it was referred to: _____

Designation: _____

Address: _____

Telephone: _____

Email: _____

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 Bishop?

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: