**CONFIDENTIAL**

All allegations, complaints or suspicions of abuse should be recorded as close to the time of the incident as possible. Details of incidents should be recorded in as much detail as possible, and as accurately as possible. Any disclosures of abuse being made by children / young people should be a reflection of what was actually said. Do not try and interpret any of the information, just record what was said / witnessed.

|  |  |  |
| --- | --- | --- |
| **Date** | **Time**  | **Place of disclosure** |
|  |  |  |

**Details of person raising the concern or making the allegation**

|  |
| --- |
| Name |
|  |
| Address  |
| Post code  |
| Home phone mobile |
| Relationship to child (e.g. friend, family member etc) |

**Details of the young person involved:**

|  |  |  |
| --- | --- | --- |
| Name | Age  | Date of birth |
|  |  |  |
| Address  |
| Post code  |
| home phone mobile |

**Names of parents / guardians, address and telephone numbers of person(s) involved:**

|  |  |
| --- | --- |
| Name  | Telephone number |
|  |  |
|  |  |

**Names, ages, telephone numbers and addresses of any witnesses:**

|  |  |  |
| --- | --- | --- |
| Name | Age  | Date of birth |
|  |  |  |
| Address  |
|  Post code  |

**Name and details of person the complaint is about (if known)**

|  |  |  |
| --- | --- | --- |
| Name | Age  | Date of birth |
|  |  |  |
| Address  |
|  Post code  |
| Position in YFC (if applicable)  | Employment status ( if known) |
| Are they aware of the complaint?  |
| **Important –** *advice must be taken from Children’s Services Department ,Police or NSPCC before allegations are shared with* ***any*** *alleged perpetrator*  |

**Name, role and contact details of person completing this form:**

|  |
| --- |
| Name |
|  |
| Address  |
| Post code Telephone  |

**Details of what happened / disclosure of allegations *(do not interpret information – use the same language that was used by the young person).***

|  |
| --- |
|  |

**What action was taken? (if no action taken please explain why)**

|  |
| --- |
|  |
| Is the child / young person aware of the referral?Have the child’s parents / carers been informed? **Remember** – *only inform parents and carers in situations where there is no likelihood that this will impact on the safety or wellbeing of the child or young person , if in doubt take advice from child protection officer, local children’s services department , police or NSPCC*  |

**To whom did you report this incident?**

**Name and contact details of YFC Child Protection Officer**

|  |
| --- |
| Name |
|  |
| Address  |
| Post code Telephone  |
| Date  |

**Name and contact details of YFC Youth Development Officer**

|  |
| --- |
| Name Katie Ainsworth |
|  |
| Address YFC County Office, Shires Farm, Hawford, Worcester, Worcestershire |
| Post code WR3 7SG Telephone 07530877352/01905 621617 |

Signed …………………………………….. Dated ………………………….

**On completion this form must be sent to Katie Ainsworth in an envelope marked ‘“Confidential” A.S.A.P**