





Safeguarding Incident Reporting Form

Email address and phone number of the person who receives the report:

Safeguarding Lead, Centre for Applied Carmelite Spirituality and the Carmelite Priory, Oxford

Fr. Liam OCD

Email: safeguarding.cacs@carmellite.org.uk

Tel: 44 7510175621

Or if unavailable

Fr. Nicholas Macedon OCD

Email: frnicholas@carmelite.org.uk

Tel: 44 7767 184812

NOTE: This report is confidential and must not be given or the contents disclosed to any unauthorised person.

Safeguarding incident reporting form

To be filled by the complainant or safeguarding focal person (that is the person who received the complaint or allegation either with or without the complainant

Details of the person completing the form (leave blank if you prefer to stay anonymous)





Name:	
Organisation's name:	
Designation:	
Relationship to the survivor:	
Details of the survivor of safeguarding con	cern (child/vulnerable adult)
This information will only be shared on a need	d-to-know basis. Please fill in what you can
Name:	
Age:	
Gender:	
Address:	
Phone number:	
Language spoken:	
In the case of a child, whom does the child	
live with? (e.g., household structure/	
caretaker)	
In your opinion, would it be safe to contact	
the survivor and/or their designated	
guardian /parent	
Any other information:	
About the safeguarding concern	
Date, time and place of the incidents(s):	
Details of concern/suspicion/incident	
•	ember these key points: do not be judgmental
and assure the person that it is ok to tell.	
How did you come to know about the incident? How did you come to have a concern: was abuse observed or suspected? Was an allegation made? (please continue on the other side of this document)	





Details of what happened, including time, dates, location, and names of others involved. Note behaviour, emotional state, or physical signs you may observe and details of the alleged perpetrator.
Note: Continue on a separate sheet if required.
Have you contacted anyone already about this concern in the past (e.g., family member, parents, caretaker, line manager, co-worker, safeguarding focal person or agencies, etc.)?
If yes, then please provide details such as time, date of reporting and person to whom the report was made.
Advice given by that person (if any):
Any action you may have taken so far (e.g., emergency medical or any other immediate support provided such as safety measures, or psychological support)? If so, what, when and by whom?
Current state/safety concerns as stated by the survivor

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allegation/concern

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_	nmediate safety concerns (e.g., access of the alleged perpetrator to the then they are displaying behaviour that is a cause for concern).
_	can confirm that to the best of my knowledge, the information provided t and that I will be available to answer any further questions on this matter.
Signed:	
Date:	
	Il out as much information as possible and submit it to the safeguarding ely. Please remember that all information contained in this report must be

kept confidential and must not be revealed to anyone except the person you reported to.