|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referrer:** |  | **Organisation name (if applicable):**  **Address and Contact details [phone, email etc]:** |  |
| **Name of Adult (victim):** |  | **Address and Contact details [phone, email etc]:** |  |
|  |  | **Preferred method of contact:** |  |
| **Date/Time of allegation:** |  | **Language:** |  |
| **Gender:** |  | **Age and DOB:** |  |

This form should be used to record details of historical abuse and forwarded to the Police within 24 hours of completion

|  |  |
| --- | --- |
| Details of Allegation: |  |
| Date Incident took place or age of adult at the time: |  |
| Address where incident took place including type of premises i.e. school, institution, hospital etc: |  |
| In order to meet the best needs of the adult can you please provide information concerning any relevant medical, physical or psychological condition |  |
| Any additional relevant information to consider? |  |
| Is the adult aware a referral has been made to the Police? |  |
| Is the adult willing to engage with the Police? |  |
| **Alleged suspect details:** | |
| Name of Suspect: |  |
| Relationship of suspect to adult making the allegation [victim] [previously or currently]: |  |
| Suspect address and contact details [Organisation if applicable and home address if known]: |  |
| Is the adult or any child who has contact with the suspect at risk or in need of safeguarding? Please providedetails: |  |
| Any additional relevant information to consider? |  |
|  | |