**Agency Chronology of Involvement template**

|  |  |
| --- | --- |
| **Name of agency:** |  |
| **Name of adult:** |  |
| **Name of person completing chronology:** |  |

(please add further rows to the table as required)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Source of evidence** | **Contact with** | **Initials of professional(s)** | **Reason** | **Incident/contact location and type** | **Action taken/decision made/outcome** | **Comment** |
| Use dd/mm/yyyy format | Note agency plus source within agency e.g. GP records | Use initials and clarify who they are e.g. alleged victim, alleged perpetrator, neighbour etc | Anonymised initials of the professional(s) involved, job role and agency (if different to own) with the contact | Reason for contact | Where did the contact happen and how did it occur e.g. home visit, telephone call | What happened as a result of the contact? | Any comment from the agency reviewer on the appropriateness/ quality of the intervention. May assist to form view for analysis |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |