

SAFE CHURCH ANECDOTAL RECORD

Name of Child/ Person at risk: _____

Age of Child/ Person at Risk: _____ Child/ Person at Risk Phone: _____

Address of Child/ Person at Risk: _____

Date of incident: _____

Person reporting incident: _____

Contact Number: _____ Email: _____

Parish: _____ Location: _____

Describe your concerns –what was observed or what was said: *(It is important to provide as much information as possible, basing your information on facts and observations, without making assumptions, jumping to conclusions or making value judgements. Where a disclosure has occurred, provide a first person report. Record the child’s actual words – attach a transcript if necessary.)*

Action Taken:

- Notified Director of Professional Standards
- Notified clergy/ senior ministry leader.