**\*PLEASE PRINT CLEARLY**

**Your Details**

|  |  |
| --- | --- |
| Your Name |  |
| Position |  |
| Contact (phone and email) |  |
| Child’s Name |  |
| Child’s Address |  |
| Parent/guardian Name/Address |  |
| Child’s Date of Birth |  |
| Date and Time of Incident |  |
| Your observations |  |
| Exactly what the child said and what you said  (Remember do not lead the child – record actual details) |  |
| Action Taken So Far |  |
| Any other details you feel are relevant? |  |

**External Agencies Contacted (Record Date & Time)**

|  |  |
| --- | --- |
| An Garda Síochána, if yes –  Which station, Garda name and contact number:  Details of advice received: |  |
| Social services (e.g. Tulsa), if yes –  Which service, contact name and number:  Details of advice received: |  |
| HSE Local Health Offices, if yes –  Which office, contact name and number:  Details of advice received: |  |
| Other (e.g. ISPCC), if yes –  Which service, contact name and number:  Details of advice received: |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (print – block letters)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**­­­­­­**