

Longcroft Christian Trust Responding to Abuse – Workers Action Sheet



CONFIDENTIAL

Name of Places of Worship/Organisation _____

Name of Child/Young Person/Vulnerable Adult _____

Address _____

Date of Birth _____ / _____ / _____

Name of Person Reporting Incident _____

Date _____ / _____ / _____ Time of incident _____

Sequence of Events/Actual Words Used/Observations

Action Taken (including person(s) contacted)

Date _____ / _____ / _____ Time _____

Notes: _____

Please continue on reverse of this sheet if necessary.