

## Reporting an allegation against a Child or Young Person

<b>If applicable, date reported to LA CSCT</b>	
<b>Date allegation known</b> <small>(This refers to the date your organisation became aware of the allegation)</small>	
<b>Name of person completing this notification</b>	
<b>Contact Details</b>	Tel:

### Details of Child or Young Person whom the allegation is against

Full Name

DoB

Gender

Choose an item.Ethnicity

Choose an item.Additional Needs

Choose an item.Home Address

Previous concerns

(Please provide details if any)

### Details of Child(ren) involved

Full Name

DoB

Gender

Choose an item.Ethnicity

Choose an item.Additional Needs

Choose an item.Home Address

Parent's Name

LAC?

Choose an item.If Yes, who is the responsible authority?

If Yes, who is the Social Worker?

Name:

Tel:

Email:

<b>Details of Alleged Incident</b>	
Date and Time of incident	
Place of Incident	
Circumstances of incident – to include the context, evidence of harm etc.	
Names of Potential Witnesses	
Any other information	

**Nature of Allegation**

Category:

Choose an item.

Any further details?

If physical, are there any observable marks or injuries?

Was Technology involved?

Choose an item.If yes what type?