

Referral Form

Please complete this form in as much detail as possible, omitting any sections where you do not know the correct information, and return to the Safeguarding Commission, 72B, Triq Villambrosa, Ħamrun ĦMR 1127 or by email on info@safeguarding.mt.

SUBJECT OF COMPLAINT'S DETAILS (This is the person you have concerns about)			
Name of Subject of complaint			
Date of Birth or age (if known)			
Contact details (Please include all relevant contact details including telephone nos, email and address)			
Role			
Organisation			
CHILD'S OR VULNERABLE ADULT'S DETAILS			
Name			
Date of birth or age (if known)			
DETAILS OF CONCERNS			
Nature of allegation			
□Sexual abuse	□Physical abuse	□Bullying	
□Spiritual abuse	☐Emotional abuse	□Online abuse	
Other (please specify):			
Details of alleged incident Please include details of the alleged incident or concern. You may wish to include the following: • date/s of alleged abuse • location • injuries sustained • potential witnesses • how you became aware of the allegation • any other relevant information			
Action taken			
Please specify whether this allegation was already referred to the Police or the Director of Child Protection or other entities.			
Please add whether the Commission has permission to disclose this information to other relevant agencies (e.g. Police, Director of Child Protection, etc). Be aware that the Church may, in any event, be under legal obligation to refer the matter to statutory agencies under the Minor Protection (Alternative Care) Act.			

Person filing the report Please include your Name, Organisation (if relevant), Role and contact details (telephone numbers, email and address)	
ID Card Number	
Date	
Signature	