

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, Hamrun HMR 1127 or by email on info@safeguarding.mt.

SUBJECT OF COMPLAINT'S DETAILS <i>(This is the person you have concerns about)</i>	
Name of Subject of Complaint	
Date of Birth or age (if known)	
Contact details <i>(Please include all relevant contact details including telephone nos, email and address)</i>	
Role	
Organisation	
CHILD'S OR VULNERABLE ADULT'S DETAILS	
Name	
Date of birth (if known)	
DETAILS OF CONCERNS	
Nature of allegation	
<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Physical abuse
<input type="checkbox"/> Spiritual abuse	<input type="checkbox"/> Emotional abuse
<input type="checkbox"/> Other: (please specify):	<input type="checkbox"/> Bullying
	<input type="checkbox"/> Online/internet abuse
Details of alleged incident <i>Please include details of the alleged incident or concern. You may wish to include the following:</i>	
<ul style="list-style-type: none"> • <i>date/s of alleged abuse</i> • <i>location</i> • <i>injuries sustained</i> • <i>potential witnesses</i> • <i>how you became aware of the allegation</i> • <i>any other relevant information</i> 	

<p>Action taken</p> <p><i>Please specify whether this allegation was referred to the Police or the Director of Child Protection or other entities.</i></p> <p><i>Please add whether the Curia 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.</i></p>	
<p>Person filing the report</p> <p><i>Please include your Name, Organisation (if relevant), Role and contact details (telephone numbers, email and address)</i></p>	
<p>ID Card Number</p>	
<p>Date</p>	
<p>Signature</p>	