

Pro Forma for Receipt of Concerns

FORM FOR PERSONS PROVIDING Information of Concern to CSSCU (Ref: RF/CSSCU/007)

Please use this Form to provide any information or concern about a Provider's Child Safeguarding Statement or lack thereof. If your concern is not in relation to a Child Safeguarding Statement please refer to the related Unit within Tusla. Please email this form to CSSCU@tusla.ie or Post the Form to CSSCU, Child and Family Agency, Estuary House, Henry Street, Co. Limerick.

Private & Confidential

1.0 YOUR DETAILS

1.1 Your Name			
1.2 Address:			
1.3 Tel: Mobile/Landline		1.4 Email:	
1.5 Relationship with the Organisation you are providing detail about	Parent/Guardian <input type="checkbox"/>	Staff	<input type="checkbox"/>
	Other <input type="checkbox"/>	Please state _____	
1.6 Do you wish to remain anonymous: <i>Please note all information provided to the CSSCU is treated as 'received in confidence'.</i>	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

2.0 DETAILS OF ORGANISATION

2.1 Name of organisation and Name of Relevant Provider of Service :	
2.2 Address:	
2.3 Tel: Mobile/Landline:	

3.0 DETAILS OF YOUR CONCERNS

3.1 Time & Date(s) of Observation in relation to the Child Safeguarding Statement:	
3.2 What is the exact nature of your concern?	
3.3 Names of persons involved if incident ?	

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3.5 Have you used the Organisation's own complaints procedure to raise your concern?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.6 If yes, what was the outcome?	
4.0 SIGNED	
4.1 Name (BLOCK CAPITALS):	
4.2 Signature:	
4.3 Date:	

For Internal CSSCU Use Only:

Received by: _____ Date: _____ <i>(Please scan to Tusla System and shred the physical document)</i>
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