SHANKILL PARISH CHURCH LURGAN

COMPLAINTS FORM FOR STAFF MEMBER OR VOLUNTEER

Your Name, Address and Contact Number: (PLEASE USE BLOCK CAPITALS)

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Date on which the Alleged Incident happened:

_____
_____

Location of Alleged Incident:

_____
_____
_____

Nature of complaint (e.g. Harassment, Bullying, etc.):

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_____
_____
_____

Name of party or parties involved:

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Please give a detailed account of the alleged incident:

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Signed: Date:

Received by: Date:

PLEASE NOTE THAT A COPY OF THIS FORM WILL BE FORWARDED TO ALL RELEVANT PERSONS INVOLVED.

In line with Data Protection regulations, we are committed to protecting the personal information we hold on you. By providing the information requested, you are giving us permission (consent) to use this information for Safeguarding, legal or regulatory purposes and we will use it for no other purpose without further consent unless mandated or required to do so under the Data Protection Act 2018 or equivalent legislation. If you have any questions about how we process your personal data, please contact a member of the Panel