_____ **CENTRE**

WITHHOLDING OF INFORMATION LEGISLATION

Form E – GARDA REPORT FORM

DETAILS OF PERSON DISCLOSING INFORMATION ON OFFENCE(S)

Name_____

DOB if under 18_____

Is this person the victim of the offence disclosed? ☐Yes ☐No

If applicable and available, give brief details of any information from parent/guardian/ designated professional as to whether this offence should be reported

_____
_____

Brief details of when, where, and by whom the violence was perpetrated, as reported to Staff Member/Volunteer

_____
_____
_____

GARDA DETAILS

Station_____

Name of Garda_____

Rank of Garda_____

Date of Report to An Garda Síochána_____

Report was made ☐by telephone ☐in person

Staff Member/Volunteer Signature_____

Name_____

Role_____

Date_____

Designated Information Person Signature _____

Name_____

Date_____