

Summary of Allegation

Name of victim: Firstname Lastname	Date of birth: DD/MM/YYYY
Name of alleged perpetrator: Firstname Lastname	Has the alleged perpetrator been charged? Please select
Details of charges or counts faced by the alleged perpetrator: (Please include the current stage reached in criminal proceedings.)	
Summary of allegations made by the victim: (Please note, this summary should provide enough information for the therapist working with the service user to recognise a variation from the original allegations made or to distinguish a new disclosure.)	
Dated: DD/MM/YYYY	Signed:
Name of officer: Firstname Lastname	
Email: Officer Email address	
Telephone: Officer telephone number	