

## Retrospective Abuse Report Form

**MANDATED PERSONS AND NON MANDATED PERSONS**  
*(Children First Act 2015 & Children First National Guidance)*

Use block letters when filling out this form.

Fields marked with an \* are mandatory.

<b>1. Tusla Area (this is where the person subject to allegations of abuse resides (PSAA))*</b>	
---	--

**2. Reporter Details if Third Party\***

<b>First Name</b>		<b>Surname</b>	
<b>Address</b> If reporting in a professional capacity, please use your professional address		<b>Organisation</b>	
		<b>Position Held</b>	
		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
<b>Eircode</b>		<b>Email Address</b>	

<b>Reporter's relationship to adult complainant</b>	
---	--

<b>Is this a Mandated Report made under Sec 14, Children First Act 2015?*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Mandated Person's Type</b>				

**3. Details of Person Disclosing Abuse (Adult Complainant)\***

<b>First Name</b>		<b>Surname</b>	
<b>Male</b>	<input type="checkbox"/>	<b>Female</b>	<input type="checkbox"/>
<b>Address</b>		<b>Date of Birth</b>	
		<b>Estimated Age</b>	
		<b>Previous Address, if known</b>	
<b>Eircode</b>			

**4. Type of Abuse Being Reported\***

<b>Emotional Abuse</b>	<input type="checkbox"/>	<b>Physical Abuse</b>	<input type="checkbox"/>
<b>Neglect</b>	<input type="checkbox"/>	<b>Sexual Abuse</b>	<input type="checkbox"/>

**5. Details and Description of Alleged Abuse\***

<b>Date of alleged abuse</b>		<b>Period of alleged abuse</b>	
<b>Location of alleged abuse</b>		<b>Reason for report at this time</b>	

## Retrospective Abuse Report Form

**MANDATED PERSONS AND NON MANDATED PERSONS**  
*(Children First Act 2015 & Children First National Guidance)*

Further Detail (include, if known, age of adult complainant at time of abuse, age of PSSA at time of abuse). Please attach additional sheets if necessary.

### 6. Details of Person Subject to Allegations of Abuse (PSAA)

<b>First Name*</b>		<b>Surname*</b>	
<b>Male*</b>	<input type="checkbox"/>	<b>Female*</b>	<input type="checkbox"/>
<b>Address</b>		<b>Date of Birth</b>	
		<b>Estimated Age</b>	
		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
<b>Eircode</b>		<b>Email Address</b>	
<b>Occupation</b>			

### 7. Details of PSAA's Social and Employment Status

### 8. PSAA Household Composition

First Name	Surname	Relationship	Date of Birth	Estimated Age	Additional Information e.g. school, occupation, other

### 9. Does the PSAA Have Contact with Children?\*

Yes  No

If Yes, please complete information below. If No, proceed to 10.

Details of Child			
<b>First Name</b>		<b>Surname</b>	
<b>Address</b>		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
		<b>Email Address</b>	
		<b>Date of Birth</b>	
<b>Eircode</b>		<b>Age</b>	
<b>Parent/Carers'</b>		<b>Parent/Carers'</b>	

## Retrospective Abuse Report Form

**MANDATED PERSONS AND NON MANDATED PERSONS**  
*(Children First Act 2015 & Children First National Guidance)*

<b>Names</b>		<b>Names</b>	
<b>Relationship to Adult Complainant</b>		<b>Relationship to PSAA</b>	
<b>Frequency of Contact, if known</b>			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
		Unknown	<input type="checkbox"/>

Please attach additional sheets for additional children, if necessary.

<b>10. Based on information known at this time, is the PSAA known to the Tusla Social Work Department?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide detail:				

<b>11. Based on information known at this time, is the adult complainant known to the Tusla Social Work Department?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide detail:				

<b>12. Based on information known at this time, has a report been made to An Garda Síochána?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Garda Name:</b>		<b>Telephone No.</b>		
<b>Garda District:</b>		<b>Email:</b>		
<b>Address:</b>		<b>PULSE ID Number:</b>		
		<b>Date Notification Made:</b>		
<b>Eircode</b>		<b>Date Report Made</b>		

<b>13. Is the PSAA aware of this report?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide further details:				

<b>14. Any Additional Information</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide any further information that will assist Tusla in assessing and prioritising this report:				

**In completing this report form you are providing details on yourself and on others. Details such as name, address and date of birth fall under the definition of 'Personal Data' in the Data Protection Acts, 1988 & 2003. Tusla has a responsibility under these Acts in its capacity as a Data Controller to, amongst other things, obtain and process this data fairly; keep it safe and secure; and to keep it for a specified lawful purpose. That purpose is to fulfil our statutory responsibility**

## Retrospective Abuse Report Form

**MANDATED PERSONS AND NON MANDATED PERSONS**  
(Children First Act 2015 & Children First National Guidance)

under the Child Care Act 1991 to promote the protection and welfare of children. Tusla may, during the course of the assessment of this report disclose such Personal Data to other agencies including An Garda Síochána. Further details about Tusla's responsibilities as a Data Controller and your rights as a Data Subject can be found on our website, [www.tusla.ie](http://www.tusla.ie). As you are providing Personal Data on others, you are a Data Processor. We ask that you only provide those details that are necessary for the report and that you keep this report and the Personal Data contained in it secure from unauthorised access, disclosure, destruction or accidental loss.

**Please ensure you have indicated if this is a mandated report in section 6.**

Thank you for completing the report form.

### 15. For Completion by Tusla Authorised Person on Receipt of Report

<b>Report Received by</b>				
<b>First Name</b>		<b>Surname</b>		<b>Date</b>
<b>Mandated Report Acknowledgement by</b>				
<b>First Name</b>		<b>Surname</b>		<b>Date Sent</b>
<b>Authorised Person Signature*</b>				
<b>Date*</b>				
<b>Child Previously Known</b>			Yes	<input type="checkbox"/>
<b>Allocated Case No</b>			No	<input checked="" type="checkbox"/>