

REPORTING A SAFEGUARDING CONCERN FORM

Please complete all sections as clearly and accurately as possible.

1 CHILD / YOUNG PERSON / VULNERABLE ADULT DETAILS

Name of child: _____

Age: _____ Date of birth: _____

Ethnicity: _____

Religion: _____

First language: _____

Disability / Additional needs: _____

2 NATURE OF CONCERN

Are you:

☐ Reporting your own concerns

☐ Reporting concerns raised by someone else

If reporting on behalf of someone else, please give details:

3 WHAT IS THE CONCERN?

Include dates, times, locations and specific incidents. Remember to use open questions like **TED technique (tell, explain, describe)**.

4 SIGNS OBSERVED

Physical signs: _____

Behavioural signs: _____

5 REPORTED TO

Person reported to: _____

Role / Position: _____

Date reported: _____ Time: _____

6 ACTION TAKEN

Please record any immediate action taken:

7 PARENT / CARER DETAILS (if applicable)

Parent(s) / Carer(s) name(s): _____

Home address: _____

Telephone number(s): _____

8 PERSON REPORTING THE INCIDENT

Name: _____

Role / Position: _____

Organisation: _____

Contact (phone / email): _____

Today's date: _____

Signature: _____

9 ADDITIONAL NOTES (to be completed by Designated Safeguarding Lead/Deputy Designated Safeguarding Lead)

