



SAFEGUARDING CONCERN FORM

This form must be completed within 24 hours of any safeguarding concern, disclosure or incident. Please write clearly and factually.

Date of Report:

Time of Report:

Name of Person Completing Form:

Position/Role:

Contact Number:

Child/Adult's Full Name:

Date of Birth:

Address:

Parent/Guardian Name (if applicable):

Details of Concern / Incident (include date, time, location, and exact words spoken if disclosure):

Action Taken and Who Was Informed:

Has the Designated Safeguarding Lead been informed? (Yes/No)

Further Action Required / Referred To:

Signature:

Date:

Confidential – to be stored securely by the Designated Safeguarding Lead only.

