

SAFEGUARDING CONCERN FORM

Confidential record of concern and action taken.

Name of staff member or student reporting the incident, concern, disclosure or allegation	
Location	
Date and time concern disclosed to you	
Date and time concern recorded	

Name of child, young person, vulnerable adult	
Address of child, young person, vulnerable adult	
Any special needs (yes/no) If yes, please describe	
Name of the person who reported concern to you (if different to above)	

Factual description of concern, disclosure or allegation.

Be clear about the concern. Do not make assumptions or ask questions, just listen and record exactly what is said. You should note presentation, e.g. any visible signs of abuse, i.e. bruises or other injuries.

Signed DSO

Date Referred

Time referred