Appendix D: Safeguarding report form

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| This form should be used to record all safeguarding concerns.  It must be:   * completed as soon as possible after the event (within 24 hours at the latest) * written in plain language in a style suitable for sharing * factual and accurate (where opinions are given, these must be evidence-based) * non-discriminatory * passed to the designated safeguarding lead for review |

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| **Details of staff reporting concern** | |
| Name: |  |
| Job title: |  |
| Date: |  |

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| **Child/Young Person/Adult at Risk’s details** | | | |
| Last name: |  | First names: |  |
| DOB: |  | Gender: |  |
| Name of parent/ guardian: |  | | |
| Address: |  | | |
| Telephone: |  | | |
| School/Sports Club: |  | | |
| GP: |  | | |
| Any other professionals involved? |  | | |

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| **Details of concern** | | | |
| Date: |  | Time: |  |
| Witness details: |  | | |
| Description of the incident | | | |
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| **On what evidence / information is your concern based?** |
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