Safeguarding reporting form

This form should be used to record safeguarding concerns relating to Children and/or Vulnerable persons.

In an emergency please do not delay in informing the police or social services. All the information must be treated as confidential and reported to the Designated Safeguarding Officer within one working day or the next working day if it's a weekend

The form should be completed at the time or immediately following disclosure, but after all necessary emergency actions have been taken. Please complete the form as fully as possible.

Your details – the person completing the form						
Name						
Position						
Telephone	Email					
2 Details of the person affected						
Name						
Address						
Tolophono	[Free! [
Telephone	Email					
Details of the incident (please describe in detail using only the facts)						

4	Other pre	sent or potential witnesses				
N	ame					
A	ddress					
Telephone number			Email		_	
		I relevant information (place		that you ballove to be helpful or imp	ortont	
5	Additiona	arrelevant information (plea	se detail anything else	that you believe to be helpful or imp	oriani	
1	havo com	ploted this form and provi	dad information that	is factual and does not contain my	OWD	
		pinions on the matter.	ued inionnation that	is lactual and does not contain my	OWII	
F	Print		Signatu	ıre		
r	name					
	Date					