



Safeguarding Concerns Form



Incident/concern reported by: _____ Date: _____

Date of incident/concern: _____ Time of incident/concern: _____

Location of incident/concern: _____

Name(s) and age(s) of individuals involved: _____

FACTUAL description of incident/concern: (Including what was said and by whom)

Action taken and by whom:

Signed by staff reporting: _____ Date: _____

Signed by DSO/Deputy: _____ Date: _____