

Safeguarding Concern Reporting form

Safeguarding Incident/Concern Reporting Form

Version: V1

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Next Review date:

Safeguarding Concern Reporting form

Section 1: Young Person's Details		
Full Name:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:	Date of Birth:
Ethnicity:	Religion:	First Language:
Full Postal Address:		
Communication needs (interpreter/signer/other):		
Special needs:		
Other:		
Section 2: Your Details		
Your name:	Your position:	Date & time of Incident:
Section 3: Your report		
Are you reporting your own concerns or responding to concerns raised by someone else?		
<input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else	If responding to concerns raised by someone else, please provide their name and position within the organisation:	
Please provide full details of the incident or concerns you have, including times, dates, or other relevant background information (such as a description of any injuries, whether you are recording fact, opinion or hearsay):		

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The child/young person's account, if it can be given, of what has happened and how (record young person's words verbatim if possible. When asking, think of 'TED' Tell me, Describe, Explain):

Please provide details of the person alleged to have caused the incident/injury including, where possible, their name, address, and date of birth (or approximate age):

Please provide details of any witnesses to the incident(s)

Next steps (please note here what you will do next/have done).

Your signature:

Designated Safeguarding Person received information

Date:

Time:

DSL's signature:

A copy of this MUST be submitted to the ISB Designated Safeguarding Lead and Project Lead within 24 hours.