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| **Safeguarding Concern Form** | | | | | | | |
| *Use this form to record any safeguarding concern, however small. Please give as much information as you can, and continue on a blank sheet if necessary.* | | | | | | | |
| **Details of person at risk** | | | | | | | |
| Name of person |  | | | | DOB: | |  |
| How do you know this person? |  | | | | | | |
| **About You (the person filling in this form)** | | | | | | | |
| Your name |  | | | | Job title | |  |
| **About the safeguarding concern** | | | | | | | |
| Please provide details of the concern you have including dates, times, descriptions of events, full names and whether the information is first-hand or the accounts of others. | |  | | | | | |
| When did this happen? Don’t worry if you can’t provide an exact date. Just give some idea of when the incident might have happened. And if you believe this is an ongoing incident, give some idea of how often you think it happens. | |  | | | | | |
| Did you discuss reporting your concerns with the person at risk? How did they feel, and what sort of outcome would they like to see? | |  | | | | | |
| Have you spoken to anyone else about this concern? | |  | | | | | |
| **Declaration:** I have completed all sections of this form to the best of my knowledge | | | | | | | |
| **Signature** | | |  | **Date** | |  | |