

Safeguarding Confidential Logging a Concern Form

Name of vulnerable person: _____

Their Date of birth: _____

Name of person completing form: _____

Your Role: _____ Date of incident: _____ Time of incident: _____

Incident / Reason for Concern
(Summary in a few words of concern)
Record the following factually: Who? What (if recording a verbal disclosure use their words)? Where? When (date and time of incident)? Any Witnesses?
(Detailed record of what happened, to whom, by whom, when, where, what exactly was said etc. Continue on separate sheet if needed)
Note actions, including names of anyone to whom the information was passed.
Any other relevant information (factual)

Check to make sure your report is clear now – and will also be clear to someone else reading it next year.

PLEASE PASS THIS FORM TO YOUR DESIGNATED SAFEGUARDING LEAD

Your Signature: _____ Date and Time: _____

To be completed by the designated Safeguarding Lead person

Time & date information received by SL, and from whom			
Any advice sought by SL (date, time, name, role, organisation & advice given)			
Action taken (referral to children's services/ monitoring advice given to appropriate staff/ CAF etc) If decision not to refer, justify reason. Note time, date, names, who information shared with and when etc.			
Parents informed Yes/ no and reasons			
Outcome Record names of individuals/agencies who have given you information regarding outcome of any referral (if made)			
Where can additional information regarding child/ incident be found? (e.g. Messy Church registration file)			
Printed Name		Signed	
<u>Date</u>			