# SAFEGUARDING REPORT FORM

#### Section A - Person(s) Reporting Concern

*Location of concern:*

*Name: \_ \_*

*Date and time of concern: \_*

*Date and time report submitted:*

*Safeguarding Advisor concern referred to: \_\_*

#### Section B - Person(s) concerned details

*Name:\_ \_\_*

*Approx. Age: Sex:*

#### Section C- Report

###### Please provide a clear and concise report of concern(s):

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###### Please provide any action taken or advice given at time of witnessing concern:

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##### Section D - To be completed by DSL and Safeguarding Team

**Actions to be taken by DSL or member of Safeguarding Team:** (*Date/Time/Staff Member/ Action)*

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**Referral to internal support services? Yes/ No** *(Further details including person(s) referring, date of referral, outcome of referral and any further actions required)*

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**Referral to external agencies? Yes/ No** *(Further details including person(s) referring, date of referral, outcome of referral and any further actions required)*

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**Logged on Together Church DSL Safeguarding Tracker: YES/NO Case Review:**

* *All required actions taken – No further actions required*
* *Ongoing concern – to be monitored by DSL*
* *Other – Provide details*

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##### Designated Safeguarding Lead Sign Off

**Date**: **Time**:

*Together Church, St James Road, Torquay, Devon, TQ1 4AZ*