

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/StaffMember/ 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, dateof referral, outcome of referral and any further actions required)*

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Logged on Together Church DSL Safeguarding Tracker:

YES/NOCase Review:

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

Designated Safeguarding Lead Sign Off

Date: _____ **Time:** _____
Together Church, St James Road, Torquay, Devon, TQ1 4AZ