**Confidential Safeguarding Record of Concern Form**

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| **Details of the person at risk** |
| Name |  | Email |  |
| Address |  | Mobile/Tel |  |
|  |  | Date of Birth |  |
|  |  | Disability |  |
| Who do they live with? |  |
| *NB. contact with this individual should only be in a safe manner, e.g. no voice mail, text or email containing any information relating to the content of this form* |

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| **Details of the person competing this form** |
| Name |  | Role |  |
| Address |  | Email |  |
|  |  | Mobile/Tel |  |

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| **Details of the incident** |
| Date of incident |  | Location ofincident |  |
| Time of incident |  |

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| **About Your Concerns** |
| *What is the nature of your concern/allegation/disclosure? How and when did it first come to your notice?* |

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| **Observations Made by You** |
| *Make a clear distinction what is fact, opinion or hearsay. Be sure to support any opinions you may have with factual reasons for believing so.* |

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| **What Was Said** |
| *Exactly what did the young person or adult at risk say, and what did you say? If applicable, what was said by other persons present?* |

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| **Were Other Young People or Adults at Risk Involved?** |
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| **Any Previous Concerns** |
| *Are you aware if there have there been any previous concerns and if so, what were they and were they recorded?* |

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| **Any Other Relevant Information** |
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| **Who Knows you are Completing a Safeguarding Record of Concern Form?** |
| *If you are reporting a concern about an adult at risk, they should be made aware that you are disclosing this information. In line with the empowerment principle for adult safeguarding and our person-centred approach, this should be done with their consent and knowledge.* |

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| **Name of any witness(es) and contact details** |
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| **Action Taken** |
| *Record of action taken, who was involved and when, who has the information been passed to?* |

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| Signed |  | Date |  |
| Print Name |  | Time |  |

**Please contact Rachel Rodgers as the Designated Safeguarding Lead on 07526 204582 and email to** **Rachel.Rodgers@dogaid.org.uk** **as a protected document using a password agreed on the telephone.**

This record is strictly confidential and should only be shared with other individuals on a need-to-know basis. All information must be stored in accordance with Dog A.I.D.’s Privacy Policy and procedures.

This form may need to be used as evidence when a safeguarding referral takes place.