



SAFEGUARDING REPORTING FORM Prevent the Bet IC –

Safeguarding Concern Report Form

Date of Report: _____

Time of Report: _____

1. Details of Person Raising the Concern

Name: _____

Contact details: _____

2. Person at Risk (if different)

Name: _____

Age: _____

Phone: _____

Any known vulnerabilities: _____

3. Details of the Concern

- What happened? (Describe in factual detail)

- Where did it happen?

- Who was involved?

- Any witnesses?

4. Immediate Actions Taken

(e.g., reassurance, calling emergency services, informing facilitator)

5. Has the Safeguarding Lead Been Informed?

Yes No

If yes, date/time: _____

6. Name of Person Completing the Form

Signature: _____ Date: _____

Please email a copy of this form to Hello@preventthebet.co.uk upon completion of form.