

RECORD OF A CONCERN ABOUT A CHILD

Child's full name				
Date of birth				
Sex	Male Female			
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Your name: I am responding to my	Your position: own concerns	Date and time of incident:		
I am responding to concerns raised by someone else				
Please state whose concerns you are responding to if not your own:				
Please provide details of the incident or concerns you have, including times, dates, description of				
any injuries and other relevant information. Please include the child's account of what has				
happened and gain context where possible (please provide the child's own words).				
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Your signature:	Date incident recorded:	Time incident recorded:		
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WHAT TO DO NEXT - The contents of this report should be passed to the Designated Safeguarding Lead, or Deputy Designated Safeguarding Leads. If the above persons are not available and



there are immediate child protection concerns, please contact the MASH Team for further advice on 0300 555 2866. If contact is made, please complete the bottom section of the form with the actions taken.

<u>TO BE COMPLETED BY DESIGNATED SAFEGUARDING LEAD, DEPUTY DESIGNATED</u> SAFEGUARDING LEAD. THIS FORM WILL BE ATTACHED TO THE PUPIL SAFEGUARDING FILE.

Your signature:	Date:	Time:		
Name of person receiving cond	ern form:			
Time and date concern form received:				
Please circle: Referral made Consultation with MASH Spoken to parent/carer NFA				
Actions taken:				
If no action taken, please provide reasons:				
Time and date feedback provided to referrer and uploaded to pupil's safeguarding file:				