

RECORD OF A CONCERN ABOUT A CHILD

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|-------------------|-------------------------------|---------------------------------|--|
| Child's full name | | | |
| Date of birth | | | |
| Sex | Male <input type="checkbox"/> | Female <input type="checkbox"/> | |

| | | |
|--|-----------------------|-----------------------------------|
| Your name: | Your position: | Date and time of incident: |
| I am responding to my own concerns | | <input type="checkbox"/> |
| I am responding to concerns raised by someone else | | <input type="checkbox"/> |
| 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). | | |
| | | |

| | | |
|------------------------|--------------------------------|--------------------------------|
| Your signature: | Date incident recorded: | Time incident recorded: |
| | | |

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

