

Safeguarding Confidential Logging a Concern Form



Name of vulnerable person: _____ Date of birth: _____

Name of person completing form: _____ Your Role: _____

Date of incident: _____ Time of incident: _____

Incident/reason for concern
<i>(Summary in a few words of the concern)</i>
Record the following factually: Who? What (If recording a verbal disclosure by a child use their words)? Where? When (date & time of incident)? Any witnesses?
<i>(Detailed record of what happened, to whom, by whom, when, where, what exactly was said etc. Continue on separate sheet if needed)</i>
Note actions, including names of anyone to whom your information was passed.
Any other relevant information (Factual)

Check to make sure your report is clear now – and will also be clear to someone else reading it next year

PLEASE PASS THIS FORM TO YOUR DESIGNATED SAFEGUARDING LEAD

Signature: _____ Date and Time : _____

To be completed by the designated Safeguarding Lead person

Time & date information received by SL, and from whom			
Any advice sought by SL (date, time, name, role, organisation & advice given)			
Action taken (referral to children's services/ monitoring advice given to appropriate staff/ CAF etc) If decision not to refer, justify reason. Note time, date, names, who information shared with and when etc.			
Parents informed Yes/ no and reasons			
Outcome Record names of individuals/agencies who have given you information regarding outcome of any referral (if made)			
Where can additional information regarding child/ incident be found? (e.g. Messy Church registration file)			
Printed Name		Signed	
Date			