Safeguarding Concern Form

If someone is in imminent and serious risk of harm, please call emergency services.

| **Name of person completing form:** |  |
| --- | --- |
| **Role of person completing form:** |  |
| **Date and time of concern:** |  |
| **Location of concern:** |  |
| **Concern** (who, what, where, when)**\*** | |
| **Any other relevant information** (witnesses, immediate action taken)**\*** | |
| **Signature of person completing form:** |  |
| **Date form completed:** |  |
| **Action taken and outcomes\***  **(NB - this section is to be completed by the Designated Safeguarding Lead)** | |

**\* Please continue on a separate page if needed**