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**