Safeguarding Concern Record

Record what you saw or heard in the person's own words. Pass to the Designated Safeguarding Lead immediately. If someone is in immediate danger call 999.

If anyone is in immediate danger, call 999 first.

Name of child / adult at risk *	
Date of birth	_____ / _____ / _____
Class / group / service	
Date of concern *	_____ / _____ / _____
Time	_____ : _____
What did you see, hear or were told? (use the person's own words) *	
Any visible injuries?	
Action taken	
Has this been passed to the DSL / safeguarding lead? *	☐ Yes ☐ No
Your name *	
Your role	
Your signature *	

* Required