**SAFEGUARDING ‘CONCERN’ FORM**

**Date & Time: …………………………………………………………………………**

**YOUR name: ………………………………………………………………………….**

**YOUR role: …………………………………………………………………………….**

**Name of child/adult: ……………………………………………………………..**

**Date of birth/Age/Group: …………………………**

**Address: …………………………………………………………………………………..**

**Where did the concern happen:**

**……………………………………………………………………………………………………**

**Who was there: …………………………………………………………………………**

**What you saw: ……………………………………………………………………………...**

**……………………………………………………………………………………………………….**

**……………………………………………………………………………………………………….**

**What you heard: …………………………………………………………………………….**

**……………………………………………………………………………………………………….**

**What was said to you- please use the words as said by the child/adult:**

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**Report this concern to the DS Lead/Deputy or DS Trustee immediately.**