

CONFIDENTIAL

SAFEGUARDING STAFF - Report of Serious Concern

1 Name and role of staff member reporting concern (Recorder): _____

Telephone contact: _____

When did you become concerned?

Day _____ Date _____ Time _____ am/pm

2 Staff details:

Name of staff: _____ Age and Date of Birth: _____

Address: _____

Telephone contact: _____

Staff ID Number: _____

3 Where allegation is made by someone other than the member of staff named in (2) above:

Name of individual: _____

Relationship to member of staff: _____

Address: _____

4 Reason given for concern:

Time, date and place of most recent alleged incident: _____

Details of allegation or issue. Give full description – with factual evidence / drawings of injuries, if appropriate (attach separate sheet of paper if necessary):

5 Details / description of injuries observed (*if applicable*):

6 Witnesses (to the incident, the disclosure, or who can give relevant information (attach separate sheet of paper if necessary):

Name: _____

Position / address: _____

Tel No: _____

Name: _____

Position / address: _____

Tel No: _____

Name: _____

Position / address: _____

Tel No: _____

Name: _____
Position / address: _____
Tel No: _____

Name: _____
Position / address: _____
Tel No: _____

Name: _____
Position / address: _____
Tel No: _____

7 Any other relevant information or action already taken by the referrer (continue on separate sheet of paper if necessary):

Signature of recorder: _____ Date: _____

Signature of member of staff: _____ Date: _____

This report must be given to the Lead Safeguarding Officer or to the HR Manager on the same day as reporting.

8 Action taken by Safeguarding Designated Officer (*continue on separate sheet of paper if necessary*):

Signature of Safeguarding Officer: _____ Date: _____

Signature of HR Manager: _____ Date: _____

9 Details of any support services or external agencies already supporting the member of staff or who is to be contacted:

Service: _____

Name of contact: _____

Tel No: _____

Service: _____

Name of contact: _____

Tel No: _____

Service: _____

Name of contact: _____

Tel No: _____

10 Date the referrer was contacted with details of outcome: _____

Service: _____

SIGNED: _____

PRINT NAME: _____ CONTACT NUMBER: _____