



Record of Safeguarding Concern

Child's Name		D.O.B	
Member of staff		Date	
Date Of Incident		Time of Incident	
Incident Report Where did incident occur? Who was present when the incident occurred? What happened?			

Name of staff member who witnessed concern?

Signature

Date

Name of designated person for child protection

SignatureDate

Is there anything to suggest that this child has suffered, or is likely to suffer significant harm?
Yes/No – If yes report concern to social care immediately

If you are not reporting this concern to social care , state why not

What other actions need to be taken?

Name of designated person for child protection

SignatureDate