

# Safeguarding Confidential Logging a Concern Form



Name of vulnerable person: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Your Role: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

|   |
|---|
| <b>Incident/reason for concern</b>  |
| <i>(Summary in a few words of the concern)</i>  |
| <b>Record the following factually: Who? What (If recording a verbal disclosure by a child use their words)? Where? When (date &amp; time of incident)? Any witnesses?</b> |
| <i>(Detailed record of what happened, to whom, by whom, when, where, what exactly was said etc. Continue on separate sheet if needed)</i>                                 |
| <b>Note actions, including names of anyone to whom your information was passed.</b>   |
| <b>Any other relevant information (Factual)</b>   |

Check to make sure your report is clear now – and will also be clear to someone else reading it next year

**PLEASE PASS THIS FORM TO YOUR DESIGNATED SAFEGUARDING LEAD**

Signature: \_\_\_\_\_ Date and Time : \_\_\_\_\_

To be completed by the designated Safeguarding Lead person

|  |  |        |  |
|--|--|--------|--|
| Time & date information received by SL, and from whom  |  |        |  |
| Any advice sought by SL (date, time, name, role, organisation & advice given)  |  |        |  |
| Action taken (referral to children's services/ monitoring advice given to appropriate staff/ CAF etc) If decision not to refer, justify reason.<br><br>Note time, date, names, who information shared with and when etc. |  |        |  |
| Parents informed<br><br>Yes/ no<br><br>and reasons   |  |        |  |
| Outcome<br><br>Record names of individuals/agencies who have given you information regarding outcome of any referral (if made)   |  |        |  |
| Where can additional information regarding child/ incident be found? (e.g. Messy Church registration file)   |  |        |  |
| Printed Name   |  | Signed |  |
| Date   |  |        |  |