Safeguarding Reporting Form

This form should be used to record safeguarding concerns relating to Children and/or Vulnerable persons.
In an emergency please do not delay in informing the police or social services. All the information must be treated as confidential and reported to the Designated Safeguarding Officer within one working day or the next working day if it’s a weekend.

The form should be completed at the time or immediately following disclosure, but after all necessary emergency actions have been taken. Please complete the form as fully as possible.

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| **Your Details – the person completing the form** |

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Name:

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Position:

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Telephone Email:

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| **Details of person affected** |

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Name:

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Position:

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Telephone Email:

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| **Details of incident (please describe in detail using only the facts)**  |

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Name:

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Position:

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Telephone Email:

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| **Other present or potential witnesses**  |

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Name:

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Position:

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Telephone Email:

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| **Additional relevant information (please detail anything else that you believe to be important)** |

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I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter

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**Print name**

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**Signature**

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**Date**