

Safeguarding Concern Form

This form should be provided to the Designated (or Deputy) Safeguard Lead within 24 hours of the suspected abuse or concern being identified

Section 1 to be completed by the person raising the concern						
Date						
Service client is accessing						
Charitylog Number (if applicable)						
Name of the person at risk						
Address of person at risk						
Does the person at risk have a carer/guardian or parent (tick)	Yes		No			
If yes please add name and address of carer/guardian or parent						
Concern identified by						
Date concern identified						
Time of day						



Location where concern was	
identified	
Description of the incident or or	nearn abaariad
Description of the incident or co	Jilcetti obsetved
Consider if there are any witnesse	es or other neonle involved?
Contract in there are any without	or other people involved.
Use the language of the person re	porting this to you where possible
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Date concern or incident reported to Manager/DSL			
Name of Manager or DSL Report to			
Advice provided			
Concern raised via local authority portal?	Yes	No	
If yes please record date, time of submission to portal	Date	Time	
Do you have receipt of submission?	Yes	No	
Has this been provided a copy of the receipt to DSL	Yes	No	
If the concern has not been raised to Local Authority Safeguarding team, please provide details as to why no further action has been taken			



Section 2 to be completed by Designated Safeguarding Lead					
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Yes		NO			
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Yes		No			
	Yes Yes	Yes	Yes No		