

Reporting a Concern Form

For completion by staff or volunteers when they become aware of child welfare concerns in accordance with government guidance and the child protection policy. The Designated Safeguarding Lead will monitor concerns and report where appropriate to Children’s Social Care if a child is deemed at risk of significant harm. This information will be disclosed only to those staff who need to know for the purposes of child protection. Concerns should usually be shared with parent/child, unless to do so may place a child/ren at increased risk of harm (if in doubt about this, the DSL should consult with Children’s Social Care). Please write legibly and do not use acronyms. Exact words must be used even if they may offend.

Section 1

Date of alleged incident		Date/time of disclosure		Date/time of referral to DSL	
Name of child/ren			Class/Year		
Name of person making this record			Role in setting		
Signed as a true record			Date DD/MM/YY		

Section 2

Nature of Concern Attach additional sheet(s) if necessary (include observations as well as professional opinions)					
	Body Map Used	Yes		No	

Any other relevant information (previous concern, other professionals involved/SEN details etc).							
Current status with social care (please tick & name where known)	None		Known to social care		Allocated Social Worker		Child Protection Plan
Name of Social Worker if current							

Section 2 (For completion by Designated Safeguarding Lead)

Name of Designated Safeguarding Lead reviewing the concern		Initial Action Taken		Date: Time:
Further action taken (Please also record whether concerns were shared with: <ul style="list-style-type: none"> Parents/carers MASH And reason(s) why:				Date: Time:
Final Outcome				Date:
Feedback given to member of staff sharing with DSL?	Please tick	Staff member satisfied with actions?	Please tick	Date:
Body Map				
Date Concern Noted		Date/Time of Report		
Name of Child/ren		Class		
Name of person making this record (please print)		Role in setting		
Signed as a true record		Date DD/MM/YY		

N.B. Under no circumstances should a member of staff ask a child to remove clothing to see a suspected injury. If a child has described where an injury is, or it is clearly visible without needing to remove outer clothing, please indicate below

FRONT

BACK

LEFT

RIGHT

