

SAFEGUARDING CONCERN FORM

Reporting Location: _____ Reference Number: _____

Personal Details of Person Reporting:

Full Name: _____

Role/Position: _____

Contact Details (Phone/Email): _____

Details of Alleged Victim:

Full Name: _____

Date of Birth / Age: _____

Gender: _____ Relationship to Reporter: _____

Details of Alleged Perpetrator (if known):

Full Name: _____

Role/Position: _____

Relationship to Alleged Victim: _____

Nature of Concern:

Please describe the safeguarding concern in detail, including any relevant dates, times, locations, and persons involved. Include any observed behaviours or statements that give rise to the concern.

Immediate Actions Taken (if any):

Detail any immediate steps taken to ensure the safety and wellbeing of the alleged victim or others. Include whether emergency services were contacted or if any protective measures were implemented.

Details of Witnesses (if any):

Provide names and contact details of any witnesses to the concern or incident, if known and appropriate.

Confidentiality and Consent:

The information contained in this form will be treated confidentially and shared only with those who need to know in order to safeguard the individual(s) concerned. Consent to share information may be sought unless doing so would place the individual at increased risk.

Reporting Person's Declaration:

I confirm that the information provided is accurate to the best of my knowledge and that I understand the safeguarding procedures that will be followed.

Signature of Reporting Person:

Date Signed:

Name in Block Capitals:

Signature: _____

Date: _____

This Safeguarding Concern Form is designed to comply with UK safeguarding legislation and best practice.
All information will be handled in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR).
Failure to report concerns or deliberate falsification of information may result in disciplinary action..

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<https://docstemplates-uk.com/safeguarding-concern-form/>

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