|  |  |  |
| --- | --- | --- |
| Name of the person completing this form  | Date and time of completing this form: |  |
|  | \_\_\_\_\_\_\_\_\_\_\_am.pm |
| Date of birth | \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Place the incident occurred | Date and time theIncident occurred: | \_\_\_\_\_\_\_\_\_\_\_am.pm |
|  |
| Your home telephone number: |  |
| Your mobile telephone number: |  |
| Your position or relationship to who you safeguarding concern is about |  |
| Your Address: |  |
| Name/names of person/s the safeguarding concern |  |
| Age and Date of Birth of alleged victim  |  |
| Address (if known) of person the safeguarding concern is about: |  |
| Name of Parent, carer or guardian of alleged victim: |  |
| Address of Parent, carer or guardian of alleged victim: |  |
| Telephone Number: |  |
| What have you seen, heard or been told? |  |
| What did the alleged victim say to you? (do not lead or investigate – Just record actual details): |  |
| Action taken so far: |  |
| 1st External agency contacted | Time and date |  |
|  |
| Ref No / Name |  |  |
| 2nd External agency contacted | Time and date |  |
|  |
| Ref No / Name |  |  |

A copy of this form should be sent to the relevant Designated Safeguarding Lead as soon as possible but after any urgent or emergency calls that you feel need to be made.

Continue any notes on the back of this form if necessary