

Form to complete when raising a concern

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| Your name: | Name of organisation: |
| Your role: | |
| Contact information (you): | |
| <i>Address:</i> | <i>Postcode:</i> |
| <i>Telephone numbers:</i> | <i>Email address:</i> |
| Young person's name: | Young person's date of birth: |
| Young person's ethnic origin (if known): <i>Please state</i> | Does young person have a disability: <i>Please state (unknown if not known)</i> |
| Young person's gender: | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Parent's / carer's name(s) (if known): | |
| Contact information (parents/carers): | |
| <i>Address:</i> | <i>Postcode:</i> |
| <i>Telephone numbers:</i> | <i>Email address:</i> |
| Have parents / carers been notified of this incident? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES please provide details of what was said/action agreed: | |
| If NO please state the reasons: | |

Are you reporting your own concerns or responding to concerns raised by someone else?

- Responding to my own concerns
- Responding to concerns raised by someone else
- Responding to the young person's concerns

If responding to concerns raised by someone else: *Please provide further information below*

Name:

Position:

Telephone numbers:

Email address:

Date and times of incident:

Details of the incident or concerns:

Include other relevant information, such as description of any injuries, the young person's behaviour, or mood, and whether you are recording this incident as fact, opinion or hearsay.

Young person's account of the incident:

Use the young person's own words as much as possible

Please provide any witness accounts of the incident:

Please provide details of any witnesses to the incident:

Name:

Position:

Address:

Postcode:

Telephone number:

Email address:

Please provide details of action taken to date:

Date reported to the young person's school/college:

Date reported to the partner organisation's Designated Safeguarding Lead: