|  |  |  |
| --- | --- | --- |
| Full name of child or adult | Date of Birth | Your name and role |
|  |  |  |
| **Nature of concern/disclosure** | | |
| **Please include where you were when the child or adult made a disclosure, what you saw, who else was there, what did the child/adult say or do and what you said?**  **Time & date of incident:**  Make it clear if you have raised a concern about a similar issue previously. Ensure that if there is an injury this is recorded (both size and shape) and the body map is completed at rear of this form  Who are you passing this information to?  Name:    Position:  Date and time: | | |
| **Your signature:**  **Time form completed:**  **Date:** | | |

Date and Time form received?

Action taken by Safeguarding Lead/Deputy:

Referred to:

When referred -date and time:

If no referral is made, why not?

