# Expression of Concern Form

# This form should be completed when there is cause for concern and given to your Designated Safeguarding Lead as soon as possible.

# Details of Person of Concern

|  |  |
| --- | --- |
| Name: |  |
| Contact Details: |  |

# Details of the Person Reporting Concern(s)

|  |  |
| --- | --- |
| Name: |  |
| Contact Details: |  |

# Do these concerns relate to a specific incident/disclosure? If YES complete Section A; If NO, omit section A and move straight to Section B

# Section A

|  |  |
| --- | --- |
| Date and time of incident/disclosure: |  |
| Location of incident/disclosure |  |
| Date this form was completed: |  |
| Other persons present: |  |

# Section B

|  |
| --- |
| Details of concern/disclosure/incident:(what was said, observed, reported) |
| Action taken:(what did you do following the incident/disclosure/concern?) |
| Any other relevant information: |
| Signed: Date: |

# For completion by the Designated Safeguarding Lead (DSL):

# DSL Response

|  |
| --- |
| Action taken by DSL: |
| Rationale for decision making/actions taken: |
| Outcome of action taken by DSL: |
| Follow up action by DSL: |
| Feedback given to person reporting concerns: |
| Signed by DSL: Date: |
| Full Name: |

**Checklist for DSL:**

✓ Concern described in sufficient detail?

✓ Distinguished between fact, opinion and hearsay?

✓ Person’s own words used? (swear words, insults or intimate vocabulary should be written down verbatim)

✓ Jargon free?

✓ Free from discrimination/stereotyping or assumptions?

✓ Concern recorded and passed to DSL in a timely manner?

# Disconnect between the corporate organisation and the non-profit:

# Flexibility

# Group vs. Individual Volunteering

# Challenges

# Positives

# Suggested Actions

# POLICY DATED (*insert date when approved by trustees/board): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# SIGNED (Chair of the meeting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# REVIEW DATE: *2 years after date of policy*