Recording Form for Safeguarding Concerns

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| Your Name: | Your Contact Details:Phone Number:Email Address: | Role in the Church: |



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| Are you reporting your own concerns or the of someone else? If the concerns came from someone else, how did you become aware of them? |

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| Please give details about the name of the incident/concern (*any details you have, incl. time, date, location, who else was present, observations that led to concern, injuries, anything else of relevance:**Please continue on a separate sheet if necessary*  |
| Is there physical harm? Yes/NoDid you see it? Yes/NoPlease describe what you think has happened using the body map below and indicating left and right |
| Has this happened before? Yes/NoDid you report the previous incident? Yes/NoTo whom and what date: |
| Are there agencies/support involved? (e.g. Child Services, Social Care, Police) |
| Whom are you passing this information on to?Name:Date:Time: |
| Please give details of who else you have discussed this with in the church, and/or Diocese: |

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| Your Signature: Date: Time: |