

Confidential
Child and Adult at Risk Safeguarding – Initial Concerns Form
 To be given to designated safeguarding officer

ABOUT YOU

Your Name	
Job Title	
Contact Tel No.	
E-mail Address	
Date concern raised	
Time concern raised	

ABOUT THE CHILD/ADULT

Name of child / adult that you have concerns about	
Address of child / adult you have concerns about	
Date of Birth of child/adult (if known)	
Name of parent's or carer's responsible for child /adult (if known)	

NATURE OF YOUR CONCERN

(please include as much detail as possible)

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ACTION YOU HAVE TAKEN

<u>Details of what you have done with the concern</u> e.g. passed concerns on to Police, passed to First Response, passed to Designated Officer ...	
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Reference Number if applicable	
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To be completed by Designated Safeguarding Officer

Designated Safeguarding Officer's name	
Date concern received	
Time concern received	
<u>Action you have taken</u>	
Reference Number if applicable	
Has the Multi Agency Referral Form been completed http://www.staffsscb.org.uk/procedures/core-procedures/multi-agency-referral-form	