REGISTERING A CONCERN ABOUT THE SAFETY OR WELFARE OF A CHILD OR ADULT WITH ADDITIONAL CARE AND SUPPORT NEEDS

Please handwrite this form. Do not type it. Staple any relevant notes to this page.
Please sign and date all pages.

Your details

Your name:						
Your Contact phone number:	*Date:*					
	d	d	m	m	y	y

Tell us who or what it is you have a concern about...

Child/Adult's Forename:	***Surname/Surnames:***
Date of Birth/Age:	***Address (if known):***

Tell us about the concern or incident

At which Centre or location was the concern or incident?	
Where did it take place?	Who saw and reported it?
What is the concern or incident and why do you think it needs action? *continue overleaf*	

What action taken and who else was informed:
Please sign and date this form: Your signature The Date

Copy of form passed to:

Name:	Position:
Date:	Action taken:

NOTE: If you feel immediate action is required, please make your team leader Lin Stanton aware immediately or if they are not available contact 101 or 999

Lin Stanton 07933 572 054