

CONCERN SHEET

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| Name of Child/Vulnerable Adult: DOB: Address: Tel No: | Date: |
| Name of person reporting the concern: | |
| Please explain the reason you are concerned. Include dates, time, special factors, a description of any injuries or indirect signs such as behavioural changes. Details of any witnesses. Has parent/carer been contacted? | |

Signed by person reporting concern _____

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| Action taken |
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Signed by Nominated Safeguarding Person/Nominated Trustee
