Report of Concern About a Child

Please use this form to record any concern you have about a child. If you need help in completing this form please talk to the leader in charge of your organisation or the Designated Person. The completed form will be given by the organisation leader to the Designated Person.

Child’s Name: ____________________________________________

Address: ________________________________________________

Age : ____________________________________________________

DoB: ____________________________________________________

Tel. No.: _________________________________________________

State, as clearly as possible, why you are concerned, from whom you received the information and when. If possible include the details of the person(s) causing concern in relation to the child. Continue overleaf if necessary.

What is the nature of the concern?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Are there any visible injuries?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Has medical attention been sought / necessary?

________________________________________________________________________________________

Other relevant information?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Details of Person reporting concerns

Name: __________________________________________

Address: _______________________________________

Telephone Number: ______________________________

Signed: _________________________________________

Organisation: ___________________________________

Date: ___________________________________________