

Safeguarding Report Form

* This form should be used to record safeguarding concerns relating to children and/or vulnerable persons.
* In an emergency, please do not delay informing the police or social services.
* All the information must be treated as confidential and reported to the Designated Safeguarding Officer within one working day or the next working day if it’s a weekend.
* The form should be completed at the time or immediately following disclosure, but after all necessary emergency actions have been taken. Please complete the form as fully as possible.

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| **Your details – the person completing the form** |
| Name |  |
| Position |  |
| Telephone |  |
| Email |  |

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| **Details of the person affected** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

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| Details of the incident (please describe in details using only the facts) |
| For ease of recording and clarity you may wish to reflect these notes in bullet points* Date & time of incident
* Where did it take place
* Who else was present
* Who have you passed this information onto
 |
| **Other present or potential witness** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

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| **Additional relevant information** **(please detail anything else that you believe to be helpful or important)** |
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| I have completed this form and provided information that is factual |
| Print name |  |
| Signature |  |
| Date |  |

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