

Safeguarding Incident Referral Form

The Person Reporting			
Name		Job Title	
Address		Contact Number	
		Email	
Are you reporting your own concerns or those raised by someone else?		My own concerns	
		Concerns raised by someone else	
If concerns raised by someone else, please provide details of the person who raised the concerns			
Name		Email	

Details of the person that the concern is attributed to			
Name		Position in school	
Relationship to young person			
Are they aware of the allegation against them?		Yes	No

Details of Young Person			
Name		Sex	
DOB		Age at time of incident	
Nationality		Any known disability	
Responsible Adult's Name		Responsible Adult's phone number	
Has the Young Person's Responsible Adult been notified of the incident (NB: this must be done by DSL)			Yes No
If yes, please provide details of what has been said			

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Details of the Incident

Date		Time		Location	
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Please give a brief description of the incident or what has prompted your concerns
If the student has made a disclosure, please include any notable/memorable/unusual word or phrases

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If you have spoken to the young person, please give details of exactly what was said

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Does the child understand what is happening, and are any others involved?

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Please outline what action has been taken so far

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Signed <i>(reporting person)</i>		Date	
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Remember to maintain confidentiality on a “need to know” basis. Only disclose information if it will protect a child.

DSL Use Only:

Refer to	Details
Designated Safeguarding Oversight Team	
Police	
Social Services	
Local Safeguarding Authority (LADO)	