

CAUSE FOR CONCERN REPORTING FORM

This form is to be completed on all occasions, at the time of observation, when there is cause for concern in relation to the welfare of a child and given to your Designated Safeguarding Lead.

Name of School:

Details of the staff member reporting concerns
Full Name:
Post Held:

Details of pupil(s)
Full Name:
Date of Birth:
Home Address:
Name of Parent:

Do these concerns relate to a specific incident?
If YES complete Section A **If NO complete Section B**

Section A
Date and Time of Incident:
Place of Incident:
Date this form completed:
Form completed by (please print):
Brief, factual account of circumstances of incident, to include any precipitating factors and injuries sustained (if applicable)

Name(s) of potential witnesses

Section B

Details of concern (specific or cumulative?), professional opinion, nature of concern and actions taken

Any other relevant information

Signed:

Date:

Discussed with Designated Safeguarding Lead

YES / NO

Agreed:

Form passed to Designated Safeguarding Lead:

YES / NO

Date:

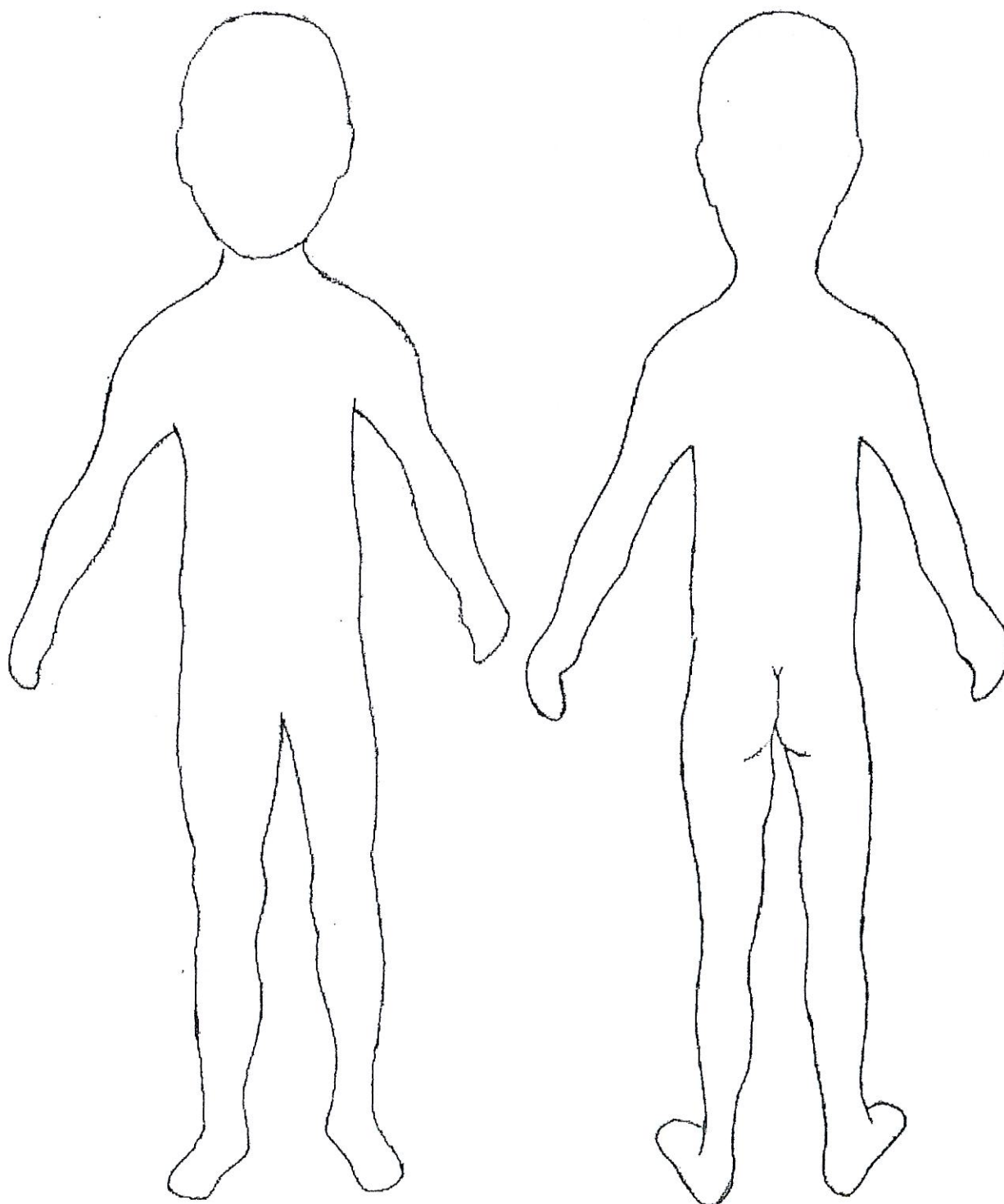
For the attention of Designated Safeguarding Lead and Head Teacher

Strategy Meeting with Children's Social Care/Police:	YES / NO
Date:	

Basis of Decision/Further Action Agreed (if any)
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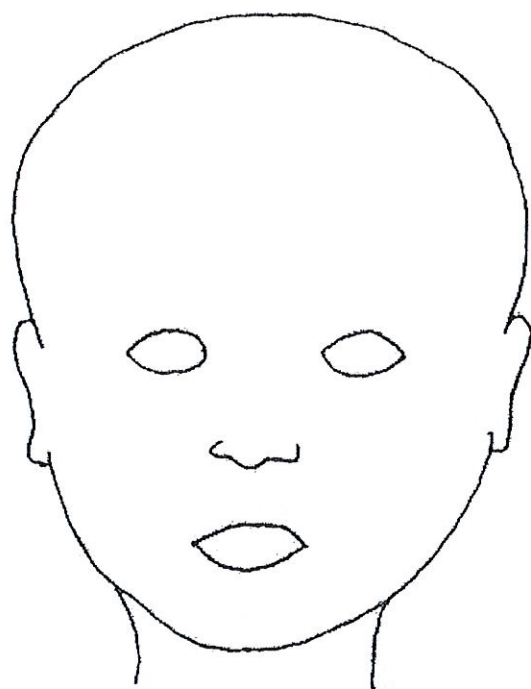
Name of Child:

Date:

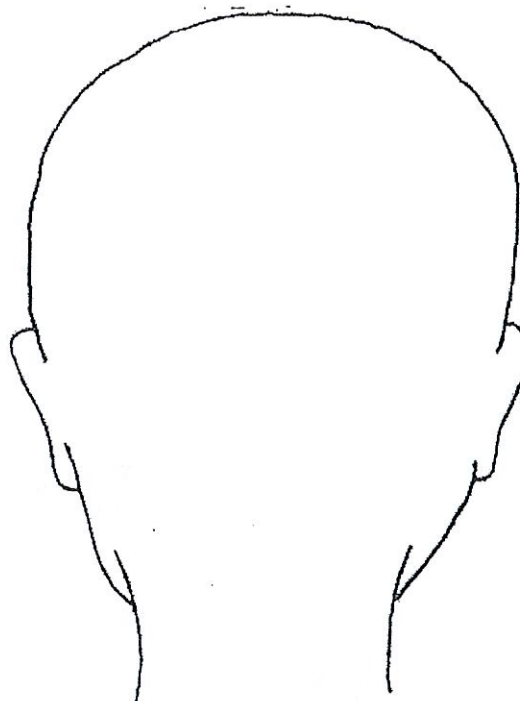


Name of Child:

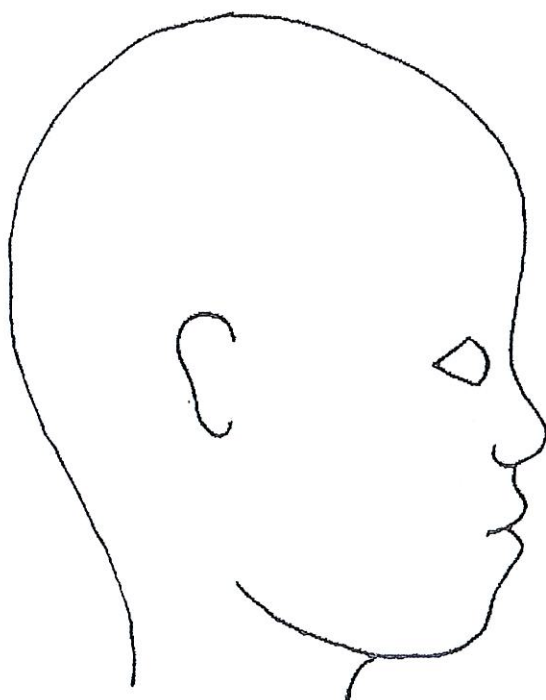
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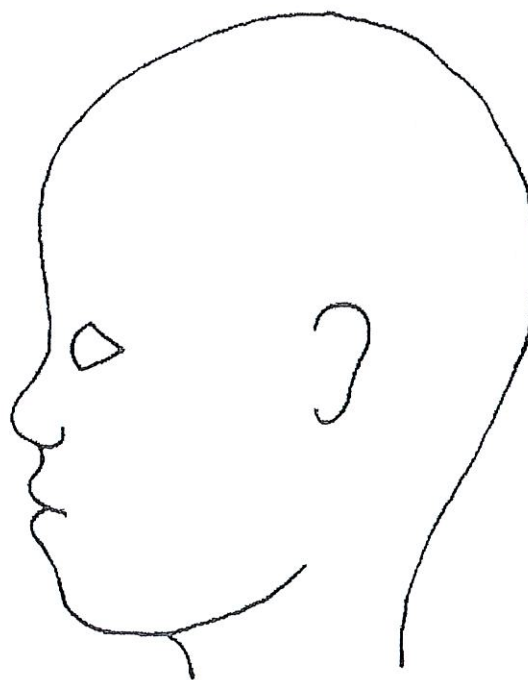
FRONT



BACK



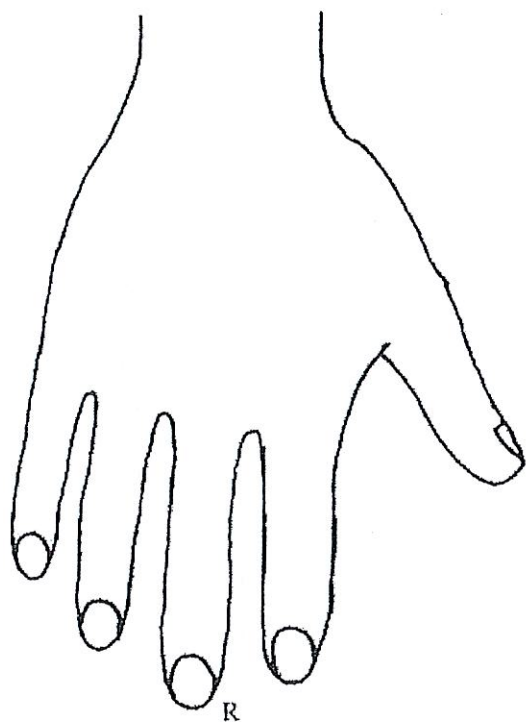
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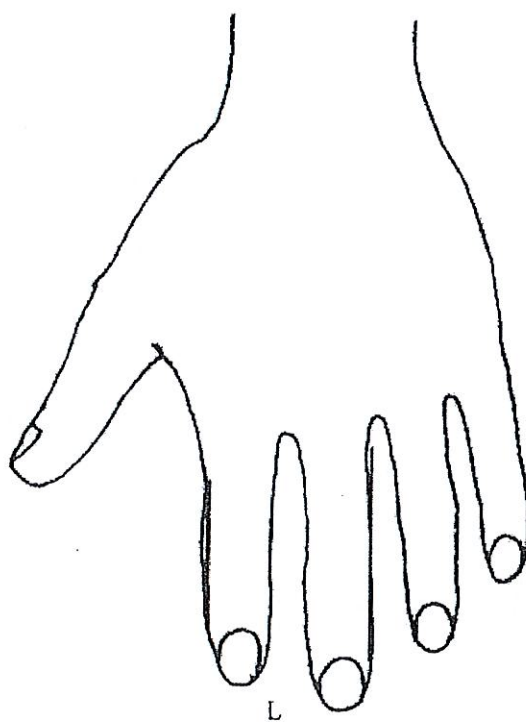
LEFT

Name of Child:

Date:

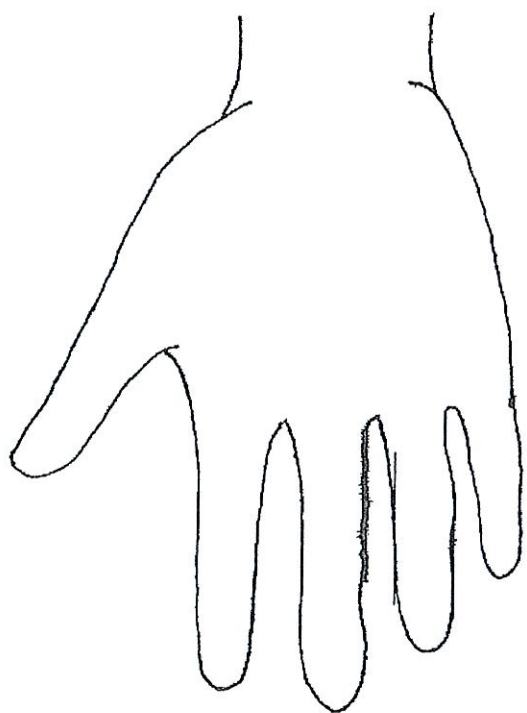


R

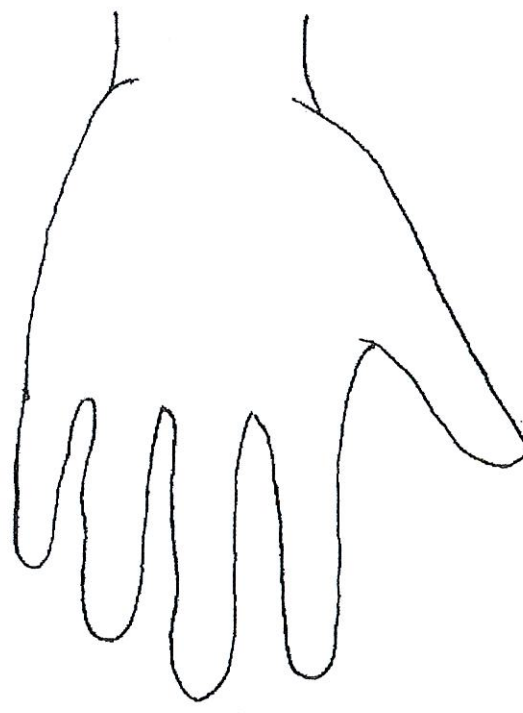


L

BACK



R



L

PALM

Name of Child:

Date:

