**If it is an emergency (person at risk of immediate harm/abduction): please call 999**

**About your concern**

|  |  |
| --- | --- |
| **Name of the child or vulnerable adult you have a concern about** | Please also include parent’s/guardian’s names if under 18 |
| **Date of incident / concern arising** |  |
| **Time of incident / concern arising** |  |
| **Location of incident / concern arising** |  |
| **Nature of incident / concern**  Please include relevant background and if possible, record words verbatim (as they were said). | |
| **Have you spoken to a member of the safeguarding team about your concern?** | If yes, please indicate who (initials or name) |
| **If you have spoken to a member of the safeguarding team/other agencies and an action was agreed, please detail it here:** | Action - |

**About you**

|  |  |
| --- | --- |
| **First & Last Name \*** |  |
| **Email \*** |  |
| **Mobile \* (or home phone)** |  |
| **I accept the data privacy notice** | **Signed:** |

**Actions taken following receipt of the above referral (to be completed by safeguarding team)**

|  |
| --- |
| Name of person making the follow up action and date |
| Action completed, any further actions to be taken and by whom |

|  |
| --- |
| Name of person making the follow up action and date |
| Action completed, any further actions to be taken and by whom |

Add more actions if necessary