

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: _____