Appendix D: safeguarding reporting form

This form should be used to record safeguarding concerns relating to a child and/or vulnerable person.

All information must be treated as confidential and reported to the Designated Safeguarding Lead ([safeguarding@mcf.org.uk](mailto:safeguarding@mcf.org.uk) or 0203 959 2817) within one working day or the next working day if it is a weekend.

In an emergency please do not delay in informing the police or social services.

The form should be completed at the time or immediately following a disclosure, but after all necessary emergency actions have been taken. Please complete the form as fully as possible.

|  |  |  |  |
| --- | --- | --- | --- |
| Time: |  | Date: |  |
| GAMES Reference  (if available/known) |  | | |

|  |  |
| --- | --- |
| **1a** | **Person completing the form / reporting the concern** |
| Name:  Role:  Telephone:  Email: | |

Responding to my own concern

Responding to a third party concern – please provide details below

|  |  |
| --- | --- |
| **1b** | **Details of Third Party** |
| Name:  Role:  Telephone:  Email: | |

|  |  |
| --- | --- |
| **2** | **Who is the safeguarding concern regarding?** |
| Please mark:   |  |  |  |  | | --- | --- | --- | --- | | **Male** | **Female** | **Adult** | **Child** |   Name:  Address:  Telephone:  Email: | |

**3. Is the person concerned aware of this referral being made to the DSL?**Yes / No

**4. Is anyone else aware of the concerns you have raised?**Yes / No (If yes, provide details below.)

|  |  |  |
| --- | --- | --- |
| Role | Name | Contact details |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **5** | **Incident Date:**  **Incident Time:** |
| **Was this an emergency?** Yes/ No | |
| **Did you report to the police / social services at the time?** Yes / No | |

|  |  |
| --- | --- |
| **6** | **Please give full details of your account of the incident/ or the third parties account** |
| **REPORT:** (Use additional sheets if required) | |

|  |
| --- |
| **Please provide any witness account of the incident** |
| Witness Name:  Witness Role/ Relationship:  Witness Telephone:  Witness Email:  **REPORT:** (Use additional sheets if required) |

|  |  |
| --- | --- |
| **7** | **Perpetrator Details / If known** |
| Please mark**: Is the alleged perpetrator an**   |  |  | | --- | --- | | **Individual** | **Organisation** |   Perpetrator Name:  Role:  Telephone:  Email: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **8** | **Concern - Please mark all that apply** | | |
| A | Sexual Abuse | G | Domestic Abuse |
| B | Psychological Abuse / Coercion/ Control | H | FGM |
| C | Financial Abuse | I | Modern Slavery |
| D | Neglect | J | Child Exploitation |
| E | Physical Abuse | K | Institutional |
| F | Emotional Abuse | L | Organisational |

**9. If a potential crime has been committed, have the police been   
informed/involved?** Yes/No

|  |  |  |  |
| --- | --- | --- | --- |
| **10** | **Please list all agencies who are known to be involved with the client ie social worker/ support worker** | | |
| Role | | Name | Contact details |
|  | |  |  |
|  | |  |  |

|  |  |
| --- | --- |
| **11** | **Action Agreed & Advice Given, including date and time**  **(To be completed by DSL)** |
|  | |

|  |  |
| --- | --- |
| **12** | **Outcomes (To be completed by DSL)** |
|  | |