

Ref: (Office use only)

**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 0800 035 60 90) 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.

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| **Date of Disclosure:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | **Time of Disclosure:** | | | | |  | | |
| **GAMES Reference**  **(if available/known)** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **1a** | | | | | | **Person completing the form / reporting the concern** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Role:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Responding to my own concern:** | | | | | | | | | | | | | | | | | | | | Y/N | | | | | | **Responding to a 3rd party concern (details below):** | | | | | | | Y/N | |
| **1b** | | | | | | | **Details of Third Party** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Role:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **2** | | | | | **Who is the safeguarding concern regarding?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **DOB:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | **Gender:** |  | | | | | |
| **Address:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Mental capacity/Additional Needs/Disability:** | | | | | | | | | | | Y/N | | | **If yes, details:** | | | |  | | | | | | | | | | | | | | | | |
| **3** | | **Is the person concerned aware of this referral being made to the DSL?** | | | | | | | Y/N | | | | | | | **If no, details:** | | | | |  | | | | | | | | | | | | | |
| **4a** | | **Is anyone else aware of the concerns you have raised?** | | | | | | | Y/N | | | | | | | **If yes, details:** | | | | |  | | | | | | | | | | | | | |
| Role/Relationship | | | | | | | | | | | | | | Name | | | | | | | | Contact Details | | | |
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| **4b** | | **Is there anyone else in the household that could be at risk?** | | | | | | | Y/N | | | | | | **If yes, details:** | | | |  | | | | | | | | | | | | | | | |
| Role/Relationship | | | | | | | | | | | | | | | Name | | | | | | Contact Details | | | | |
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| **5** | | **Incident Date:** | | | | | | |  | | | | | | | | | | | | | | **Incident Time:** | | | | | | | |  | | | |
|  | | **Was this an emergency?** | | | | | | | Y/N | | | | | | | | | | | | | | **If yes, details of actions taken and outcome:** | | | | | | | |  | | | |
| **6** | | **Please give full details of your account of the incident/ or account of the disclosure by a 3rd party – in all cases, remain factual in your account and use the exact wording and/or terminology you were told.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please provide any witness account of the incident:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Witness Name:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Witness Role/ Relationship:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Witness Telephone:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Witness Email:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Witness Account:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **7** | | | | **Perpetrator Details / If known** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the alleged perpetrator an:** | | | | | | | | | | | | | Individual/organisation | | | | | | | | | | | | | | | | | | | | | |
| **Perpetrator Name:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Role/Organisation:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any other info:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8** | **Concern - Please mark all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A** | Physical Abuse | | | | | | | | | | | | | | | | | | | | | **J** | | | Organisational | | | | | | | | | |
| **B** | Emotional Abuse | | | | | | | | | | | | | | | | | | | | | **K** | | | Institutional | | | | | | | | | |
| **C** | Neglect | | | | | | | | | | | | | | | | | | | | | **L** | | | FGM | | | | | | | | | |
| **D** | Sexual Abuse | | | | | | | | | | | | | | | | | | | | | **M** | | | Prevent Duty  (Channel referral) | | | | | | | | | |
| **E** | Child Sexual/Criminal Exploitation  (CSE/CCE) | | | | | | | | | | | | | | | | | | | | | **N** | | | Modern Slavery | | | | | | | | | |
| **F** | Domestic Abuse | | | | | | | | | | | | | | | | | | | | | **O** | | | Trafficking | | | | | | | | | |
| **G** | Psychological Abuse / Coercion/ Control (including “Cuckooing” and “mate crime”) | | | | | | | | | | | | | | | | | | | | | **P** | | | Non-recent Abuse | | | | | | | | | |
| **H** | Financial Abuse | | | | | | | | | | | | | | | | | | | | | **Q** | | | Mental Health Crisis | | | | | | | | | |
| **I** | Modern Slavery | | | | | | | | | | | | | | | | | | | | | **R** | | | Other (please state): | | | | | | | | | |
| **9.** | **If a potential crime has been committed, have the police been  informed/involved?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y/N |
| If yes, details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10a** | **Please list all agencies who are known to be involved with the client ie social worker/ support worker** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency/Role** | | | | | | | | | **Name** | | | | | | | | | | | | | | | | **Contact details** | | | | | | | | | |
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| **10b** | **If Social services are supporting a family with children, what catergory level is the support at?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child Protection** | | | | | | | | | Yes/No/Not known | | | | | | | | | | | | | | | | Details: | | | | | | | | | |
| **Child In Need** | | | | | | | | | Yes/No/Not known | | | | | | | | | | | | | | | | Details: | | | | | | | | | |
| **Early Help** | | | | | | | | | Yes/No/Not known | | | | | | | | | | | | | | | | Details: | | | | | | | | | |
| **11** | **Chronology of actions/responses by Designated Safeguard Team:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DS name:** | | | **Date/Time** | | | | | | | **Action/Response/Outcomes etc:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Case Review: Yes/No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of review:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewing team members:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcomes/Learning:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Actions:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |