

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 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.** |
|  |
| **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:** |  |