

SAFEGUARDING REPORTING FORM

Person reporting the Incident/concern:		Name of school/setting:	
Name and position of person at the setting that the incident was reported to: (if applicable)			
Date of incident /concern: (DD MM YY)		Time of incident/concern:	
Incident / concern (who what where when)*			
Any other relevant information (witnesses, immediate action taken)*			
Signature:		Date form completed (DD MM YY):	
Role:			
Action taken (including reasons for decisions) and Outcomes* (NB – this section is only to be completed by DSL)			
Signature of DSL		Date (DD MM YY)	
Signature of Senior Manager		Date (DD MM YY)	

Please email completed concerns forms to: claire.potterton@thestaffroom.org.uk