

# ENSTONE PRIMARY SCHOOL

## SAFEGUARDING RECORD OF CONCERN

Date:		
Your details	Name:	Position:
CYP details	Name: DOB:	Class:
Brief description of incident (please describe in detail using only the facts). (Continue overleaf if needed or attach any separate sheets with a stapler).		
Others present or potential witnesses:		
Additional relevant information: Please detail anything else that you believe to be helpful or important.		
I have completed this form and provided only information which is factual.		
Signed:	Print name:	

**This form must be returned to Sarah Mann (DSL) on the day of the incident.**

**In her absence, please return the form to Ashleigh Griffith or Sarah West (DDSLs)**

Follow up action taken by DSL
Details:
Referral to other agency?
Details:

Signed:	Date:
Confirm no further action needed.	
Signed:	Date:
Confirm closure discussion with member of staff originally reporting concern:	
Signed:	Date:

Remember:

- Keep your original notes.
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words or euphemisms, record the actual words used, rather than translating them into 'proper' words.
- Complete a body map to indicate the position of any noticeable bruising or injuries.
- Record facts and observable things, rather than your own interpretations or assumptions.