

Appendix C – Safeguarding concern report form

Reporting a concern	
Name of reporter	
Name of person affected	
When did the incident/cause for concern/ disclosure take place?	Date + Time
Where did the incident/cause for concern/disclosure take place?	
Details Give brief, factual information about the incident/cause for concern/disclosure here	
Individual named as perpetrator	
Relationship to victim (if any/known)	
Were the police involved?	Yes / No
If yes, give details	
Any action taken by reporter	
Any other information attached with this form? Please give details	
Reporter signature	Date
Form received by: signature	Date
Office use	
Action taken by FoFC Safeguarding Lead	Date
In the event of a referral being made to Police or Social Services	
Person making referral:	Date
Police or Social Services Department	
Address:	
Email:	Phone:
Name of person receiving the referral	
Has the referral been followed up?	Yes / No
Details	
Have the appropriate people been informed?	Link Trustee
	Director
	Chair of Trustees
Report form closed	Date

Safeguarding concern report forms are to be kept securely and confidentially by The FoFC.