



11. APPENDIX 11: SAFEGUARDING CONCERN FORM

Young Person/Vulnerable Adults name:

Age and date of birth

Ethnicity/religion/first language

Disability/special factors

Parent/guardian's name (if applicable) & address

Are you reporting your own concerns or passing on someone else's concerns?
Please give details of concerns

Please briefly describe what has prompted the concerns (include dates, times etc. of any specific incidents)

Have you spoken to the young person/vulnerable adult? What did they say?

Have you spoken to the parent/carer(s)? What did they say?

Who was this reported to and when?

What action has been or will be taken and by whom?

Signature.....

Print name/job title.....

Date: