

Report of Concern About a Child

Please use this form to record any concern you have about a child. Give the form to the Designated Person immediately. If you need help in completing this form please talk to the leader in charge of your organisation or the Designated Person.

CHILD'S NAME: _____

ADDRESS: _____

POSTCODE _____

State as clearly as possible why you are concerned, from whom you received the information and when. Continue overleaf if necessary.

SIGNED.....ORGANISATION.....DATE.

A CKNOWLEDGEMENT

ORGANISATION _____

CHILD'S NAME _____

I ACKNOWLEDGE RECEIPT OF YOUR REPORT IN RESPECT OF THE ABOVE NAMED CHILD

Name of Designated Person.....

Signature..... Date.....

