**Safeguarding Report Form**

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| **This form should be used to report safeguarding concerns relating to children. In an emergency please contact the Police/Ambulance Service on 999. All the information provided must be treated as confidential and reported to the Safeguarding Lead within one working day.**  The form should be completed at the time of, or immediately following, the concern coming to your attention or a disclosure being made, but after all necessary emergency actions have been taken. Please complete the form as fully as possible.  If the Safeguarding Lead is unavailable please telephone Kirklees Direct on 01484 416848 to pass on the concern. | |
| 1. **YOUR DETAILS** | |
| **Your Name:** | |
| **Your position:** | |
| **Your telephone number:** | |
| **Your email address:** | |
| **Date form completed:** | **Time form completed:** |
| 1. **THE DETAILS OF THE PERSON AFFECTED** | |
| **Name:** | |
| **Date of Birth:** | |
| **Address:** | |
| **Telephone number:** | |
| **Email address:** | |
| **Details of the incident (please describe in detail using only facts):** | |
| 1. **OTHER PRESENT OR POTENTIAL WITNESS** | |
| **Name:**  **Address:**  **Telephone number:**  **Email address:** | |
| **Additional Relevant Information (please detail anything else that you believe to be helpful / important)** | |

**I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter.**

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| **PRINT NAME** |  |
| **SIGNATURE** |  |

**To be completed by Safeguarding Lead:**

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| **Record action taken:** |  |