



## Recording Form for Safeguarding Concerns (must be hand-written)

Name of person making the disclosure	Date of Birth	Address	Your name and position in organisation
<b>Nature of Concern/Disclosure</b>			
<b>Remember to only record factual information. DO NOT add your own opinion</b>			
Was there an injury? Yes / No	Yes / No	Did you see it?	
Describe the injury:			

Have you filled in a body map to show where the injury is and its approximate size? Yes / No

Is the concern about sexual abuse? Yes / No

If Yes, what are the indicators?

Was anyone else with you? Yes / No  
Who?

Where were you?

Has this happened before? Yes / No

Did you report the previous incident? Yes / No

Whom/Date:

Who are you passing this information on to?

Name:

Date:  
Time:

Your signature:

Date:

Print Name:

Time: