

Safeguarding Concerns Reporting Form

Date of initial report:		Time of initial report:	
Passed/ Reported to:			
	<u> </u>		
Name of student concerned:	:		
Student Email:		Date of birth:	
Other Email:		Number(s):	
Address:			
		Postcode:	
Details of incident/concern w	vith dates if possible (distingu	uish fact from opinion):	
Name(s) of people involved/	present:		
Any action taken so far:			
Who has been told, why and	d when:		
Name of reporting person:		Role:	
Email(s):		Telephone Number(s):	
Signed:		Date:	