

REGISTERING A CONCERN ABOUT THE SAFETY OR WELFARE OF A CHILD OR ADULT WITH ADDITIONAL CARE AND SUPPORT NEEDS

Please hand write this form. Do not type it. Staple any relevant notes to this page.
Please sign and date all pages.

STRICTLY CONFIDENTIAL

Your details

Your name:

Your email address:

Your contact phone number:

Date:

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Tell us who or what it is you have a concern about...

Child/Adult's Forename:

Surname/Surnames:

Date of Birth/Age:

Address (if known):

Tell us about the concern or incident

Where did the incident that causes you concern take place?

Who saw and reported it?

What is the concern or incident and why do you think it needs action?

continue overleaf

What action was taken and who else was informed:

Please sign and date this form:

Your signature

The Date

Copy of form passed to:

Name:	Position:
Date:	Action taken:

NOTE: If you feel immediate action is required, please make your team leader or pastoral staff aware immediately. Pass this form to either Liz Nolan, Pastor Robin, Pastor Heather or Pastor David or you can email your concern to safeguarding@harvesthamilton.org.uk An email receipt will be sent in due course so that you know that your concern has been registered.