

# REPORTING CONCERNS FORM

Once the form is completed, please hand to Vicar or Child Safe Standards Officer.

Details of Child or Young Person of concern

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| Name of person: |
| Gender: | Age: | Date of birth: (if known) |
| Name(s) of parents/guardian(s): (if applicable) |
| Child’s address: |

Your details

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| --- | --- | --- |
| Your Name: | Team Leader Name: | Date and time of report/incident: |
| Your Role: | Contact information: |
| Relationship to person of concern: |

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| **Describe concerns and disclosures:** |
| Provide as much information as possible, based on facts and observations. |

If there is not enough space, please turn over.