

# 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

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

Your details

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

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

If there is not enough space, please turn over.