

Safeguarding Concern Form

You are filling in this form because you either suspect abuse or someone has disclosed abuse. Please fill in this form with as much detail as you can remember. If abuse was disclosed use the victim's actual words (including exact language) rather than your own words. Completed forms should be kept confidential and given to a member of the CCA Safeguarding Team with a copy emailed to the DSO.

About you

Your name:	
Your address:	
Your contact number:	

About the place where you became aware of alleged abuse

Group/Activity:	
Date and time:	
Venue:	
Your role in the group/activity:	
Other adults around:	

About the victim

Child/Young person's name:	
D.o.B.:	

Who have you contacted? Fill in date and time of those you have contacted about this incident

Name/Role	Date and Time

Witness Statement

Describe what was said and what you observed. Use overleaf and extra paper if needed.