**Report of Concern**

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| Report By: |  | Date of Report: | |  |
| Brief Summary of the Concern (include location, time & date) |  | | | |
| What was your immediate response to the concern? |  | | | |
| Can you provide evidence relevant to this concern? |  | | | |
| Have you informed the management within 24 hours?  If not, state reason why not | Yes/ No *(delete as required)* | | | |
| Date management informed: |  | Time: | |  |
| Name of manager informed |  | Via (email/ phone/ F2F/ message, etc) | |  |
| Were children involved?  If yes, give initials | Yes/ No | Were Staff involved?  If yes, give initials | | Yes/ No |
| Were there any witnesses?  Name them | Yes/ No | Were any injuries/ marks sustained? | | Yes/ No |
| Pls include any other information you deem relevant to this concern |  | | | |
| Report submitted to | NAME/ DESIGNATION | | DATE SUBMITTED | |
|  | |  | |

I acknowledge above record is accurate and true to the best of my knowledge.

Sign:

Name:

Date:

NOTE: This report will be shared with relevant authorities. If the concern leads to a safeguarding investigation you maybe contacted for further information.