**STEMPOINT SAFEGUARDING/LOG OF CONCERN FORM**

**Reporting Guidelines**

This form is used for reporting both suspicions and disclosures of possible abuse or causes of concern; therefore, not all sections may be appropriate. Please complete with as much information as possible. This information will be treated in the strictest confidence, however, the information contained within this form may be shared with appropriate agencies.

**Once completed pass to your Designated Safeguarding Lead (DSL) or in their absence to the Deputy DSL as soon as is reasonably possible.**

**Details of person Reporting Concern:**

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| Name of person reporting concern: |
| Date: |
| Job role: |
| Work address: |
| Email: |
| Contact number(s): |

**Description of Incident/Concern**

This log of concern relates to (please tick)

Child ☐ Young person ☐ Vulnerable adult ☐

**Subject(s) details**

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| Subject(s) name(s): |
| Name of parents/carers (if appropriate): |
| Telephone number: |
| Mobile number: |
| First language (if known): |
| Address: |
| Any special factors to be considered? (e.g. language difficulties, disability or anything else of relevance): |

**Details**

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| Are you reporting your own concerns or passing on those of somebody else? |
| Date and time of the incident/concern: Date: Time: |
| What has prompted the concerns? Include dates, times and details of any specific incidents, making a clear distinction between fact, opinion and hearsay: *(please continue on a separate sheet if required):* |
| What (if any) physical, behavioural or indirect signs were present? |
| Have you spoken to the child, young person or vulnerable adult? Yes ☐ No ☐ |
| Record what was said using the subjects own words: |
| Have you spoken to the parents/carers? Yes ☐ No ☐ |
| Record what was said using their own words *(please continue on a separate sheet if required):* |
| Has anybody been alleged to be the abuser? Yes ☐ No ☐  Details: |
| Have you consulted anyone else? Yes ☐ No ☐  Details: |
| Is there anyone else who might be involved in the incident? (e.g. anyone you think has seen or heard things relating to the incident?) Yes ☐ No ☐  Details: |
| Signature of person completing log: |

Please ensure this form is immediately handed securely to a Designated Safeguarding Lead or e-mailed to the DSLs [h.spencer@stempoint.org.uk](mailto:h.spencer@stempoint.org.uk)

**Designated Safeguarding Lead (DSL) Use Only**

|  |
| --- |
| Date form received: |
| Name: |
| Contact number(s): |
| Job title: |
| Action taken by DSL: |
| Any previous information on file? If yes, please give details: |
| Feedback of action taken (including follow-up calls, feedback from other professionals etc and details): |
| Date reviewed: |
| Date case closed: |