**MODEL TEMPLATE: WRITING UP CONCERNS**

**PRIVATE AND CONFIDENTIAL**

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|  | Information |
| Date of Discussion/Accident: |  |
| Time of Discussion/Accident: |  |
| Location of Discussion/Accident: |  |
| Name of Child/Young Person: |  |
| Date of Birth: |  |
| Address: |  |
| People present at Discussion/Accident: |  |
| Include here:  Concerns about the incident/time date and location of people involved in incident. What was said by whom/any bruising noted/demeanour of child(ren)/family set up if known.  Please note if incident could be avoided in future. | P.T.O. |
| Actions taken/suggested/plan of action: |  |
| Who informed: |  |
| Signature: |  |
| Print Name: |  |
| Contact email and phone number: |  |

Please return this form to your Safeguarding Officer.