



## CONCERN RECORDING FORM

This form must be completed as soon as possible after receiving information that causes a concern. Contact Child Wellbeing and Protection officer to report the concern as soon as possible then email completed form to [childwellbeing@acciesfc.co.uk](mailto:childwellbeing@acciesfc.co.uk). Do not delay by attempting to obtain information to complete all sections of the Concern Recording Form. Do not delay by attempting to obtain information to complete all sections.

Complete Part A where the concern relates to the wellbeing of a child and/or Part B where the concern relates to the conduct of an adult towards a child. In all cases, complete Part C to provide your contact information.

### PART A – WHERE THERE ARE CONCERNS ABOUT THE WELLBEING OF A CHILD

(SAFE, HEALTHY, ACTIVE, NURTURED, ACHIEVING, RESPECTED, RESPONSIBLE, INCLUDED)

#### 1. Child's Details

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Tel No:</b>
<b>Post Code:</b>	
<b>Child's Named Person:</b>	<b>Named Person Tel No:</b>
<b>Preferred Language:</b>	<b>Is an interpreter required? YES / NO</b>
<b>Any Additional Needs?</b>	

#### 2. Details of situation giving rise to Concerns

(including date, time, location, nature of concern, who, what, where, when, why)

#### 3. Details of any witnesses/other people involved

(including names, addresses and telephone contacts)

#### 4. Details of any injuries

(including all injuries sustained, location of injury and action taken)



**5. Child's views on situation (if expressed). Where possible, please use the child's own words.**

**PART B – WHERE THERE ARE CONCERNS ABOUT THE CONDUCT OF AN ADULT**

**6. Details of adult where there are concerns about their conduct**

<b>Name:</b>	<b>Tel No:</b>
<b>Address:</b>	<b>Relationship to Child:</b>
<b>Post Code:</b>	

**7. Details of concerns**

(including date, time, location, nature of concern, who, what, where, when, why, continue on a separate sheet if necessary)

**8. Details of any action taken**

**9. Details of agencies contacted**

(including date, time, name of person contacted and advice received)

**10. Have the child's parents/carers been informed? YES / NO (delete as appropriate)**

If yes, record details / If no, please state why not

**PART C – YOUR CONTACT INFORMATION**



### 11. Details of Person Recording Concerns

<b>Name:</b>	<b>Tel No:</b>
<b>Address:</b>	<b>Position/Role:</b>
<b>Post Code:</b>	

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_