

# Recording Form for Safeguarding Concerns

(must be hand-written)

Name of person making the disclosure	Date of Birth	Address	Your name and position in organisation

## Nature of Concern/Disclosure

**Remember to only record factual information. DO NOT add your own opinion**

Was there an injury?  
Yes / No

Yes / No

Did you see it?

Describe the injury:

Have you filled in a body map to show where the injury is and its approximate size? Yes / No

<p>Is the concern about sexual abuse? <span style="float: right;">Yes / No</span></p> <p>If Yes, what are the indicators?</p>
<p>Was anyone else with you? <span style="float: right;">Yes / No</span></p> <p>Who?</p>
<p>Where were you?</p>
<p>Has this happened before? <span style="float: right;">Yes / No</span></p> <p>Did you report the previous incident? <span style="float: right;">Yes / No</span></p> <p>Whom/Date:</p>
<p>Who are you passing this information on to?</p> <p>Name: <span style="float: right;">Date:</span></p> <p><span style="float: right;">Time:</span></p>
<p>Your signature: <span style="float: right;">Date:</span></p> <p>Print Name: <span style="float: right;">Time:</span></p>