**Safeguarding children incident and concern report form**

**Confidential**

To be completed as fully as possible if you have concerns regarding a child and pass the information onto the designated safeguarding officer (DSO). The DSO will then look at the information and start to plan a course of action and if necessary, contact the relevant organisations.

Once completed return to [safeguarding@rsc.org](mailto:safeguarding@rsc.org)

**IF YOU THINK A CHILD OR ADULT WITH CARE AND SUPPORT NEEDS IS IN IMMEDIATE DANGER, DIAL 999 AND ASK FOR THE APPROPRIATE EMERGENCY SERVICE**

If there are any concerns for the safety of an adult at risk, there must be referred through an [**adult at risk incident and disclosure report form**](https://www.rsc.org/our-events/otherinformation/risk-assessment/#safeguarding)

|  |  |
| --- | --- |
| **Section 1. Details of the child**  A child is anyone who has not yet reached their 18th birthday | |
| Name of child | Click or tap here to enter text. |
| Date of birth | Click or tap here to enter text. |
| Approx. age if date of birth not known | Click or tap here to enter text. |
| Gender | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 2. Details of the incident or concern** | | | |
| Details of the incident or concerns:  *Include any relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay, what was said (verbatim if possible) and whether other people were present*  Click or tap here to enter text. | | | |
| Please indicate the abuse type if known (leave blank if uncertain) | | | |
| Domestic abuse | Choose an item. | Sexual abuse | Choose an item. |
| Neglect | Choose an item. | Online abuse | Choose an item. |
| Physical abuse | Choose an item. | Emotional abuse | Choose an item. |
| Child sexual exploitation | Choose an item. | Female Genital Mutilation | Choose an item. |
| Bullying and cyberbullying | Choose an item. | Child trafficking | Choose an item. |
| Grooming | Choose an item. | Harmful sexual behaviour | Choose an item. |
| Have you spoken to the child? Choose an item.  If yes, what was said?  Click or tap here to enter text. | | | |
| Have you spoken to the parent/carer(s)? Choose an item.  If yes, what was said?  Click or tap here to enter text. | | | |
| Are there any other children at risk? Choose an item.  If yes, add details and describe the risks that remain and action you are taking:  Click or tap here to enter text. | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 3. Details of alleged abuser/suspect** | | | | |
| Name | Click or tap here to enter text. | | Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | | |
| Postcode | Click or tap here to enter text. | | Phone | Click or tap here to enter text. |
| Relationship to the child? | | Click or tap here to enter text. | | |
| If provider, please add the provider’s name | | Click or tap here to enter text. | | |
| Does the abuser/suspect live with the child? | | Choose an item. | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 4. Details of person reporting this incident/concern** | | | | | |
| Name | Click or tap here to enter text. | | Title | Click or tap here to enter text. | |
| Job Role | Click or tap here to enter text. | | Email | Click or tap here to enter text. | |
| Team | Click or tap here to enter text. | | | | |
| Phone | Click or tap here to enter text. | | Date/time referral completed | | Click or tap here to enter text. |
| Relationship to child (if applicable) | | Click or tap here to enter text. | | | |
| Are you reporting your own concerns or responding to concerns raised by someone else? | | Choose an item. | | | |
| If someone else please give their details (name, organisation/department, relationship to child (if relevant) and contact details) | | Click or tap here to enter text. | | | |
| Does the referrer consent to their details being shared with third parties? Choose an item.  Click or tap here to enter text. | | | | | |

|  |
| --- |
| **Section 5. Additional Information** |
| Is there any other information you believe we need to know?  Click or tap here to enter text. |
| Signed: |
| Date: |

|  |
| --- |
| **OFFICE USE ONLY** |
| **Section 6. Sharing the concerns (to be completed by DSO)** |
| Details of contact with social services where the child lives  Click or tap here to enter text. |
| Details of contact with child’s school or any other agencies  Click or tap here to enter text. |
| Details of the outcome of this concern  Click or tap here to enter text. |