# Record of Concern

|  |  |  |  |
| --- | --- | --- | --- |
| Log number |  | Name of Person completing this form |  |
|  |  | Signature |  |
|  |  | Role |  |
|  |  | Date and time form completed |  |
|  |  | Please tick if the details of the person recording the concern are the same as the person reporting \* |  |

PART ONE

Child’s name: ………………………………………………Date of incident…………

D.O.B. ………………………………………………………Time of incident………

Factual Description: (What are you worried about? Are there any witnesses? If recording a verbal disclosure from a child use their words, record if a body map has been used, \* if you have been made aware of a concern from another person include their details including contact details)

Child’s voice

Parent/Carer’s comments:(If information not shared with parent/Carers, record reason why)

Parent/Carer’s name

signature and date

DSL name

DSL Signature, date and time of receiving part one

PART TWO – Response to the incident/concern, to be completed by the DSL

Action plan: (What needs to happen? Monitoring/ seek advice/early help/referral to children’s social care?)

Action taken: (include names of anyone to whom information was shared with times and dates)

Outcome: (detail below outcomes of the actions taken)

I consent to information sharing and that the information on this sheet, to the best of my knowledge, is factually correct.

(If consent not sought, please give reasons here)

Signed Parent/Carer: …………………………………….. Date and time …………..

Signed DSL: ……………………………………………… Date and time …………..