

LIVES BEING TRANSFORMED

Expression of Concern Form

This form should be completed when there is cause for concern and given to your Designated Person for Safeguarding as soon as possible.

Details of Individual:

Name:

Details of the person reporting concerns:

Full Name:

Post/position/role:

Do these concerns relate to a specific incident/disclosure? YES // NO

If YES, complete Section A; If NO, omit section A and move straight to Section B

Section A:

Date and time of incident/disclosure:

Location of incident/disclosure:

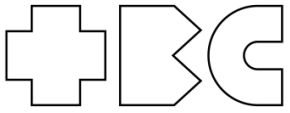
Date this form was completed:

Other persons present:

Section B:

Details of concern/disclosure/incident:
(What was said, observed, reported)

Continue overleaf



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Section B: continued

Action taken:

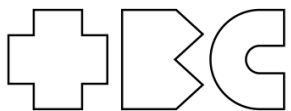
(What did you do following the incident/disclosure/concern?)

Any other relevant information:

Signed:

Date:

Time:



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For completion by the Designated Person for Safeguarding Lead (DPS):

DPS Response:

Action taken by DPS:

Rationale for decision making/actions taken:

Outcome of action taken by DPS:

Follow up action by DPS:

Feedback given to person reporting the concerns:

Signed by DPS:

Date:

Full Name:

Checklist for DPS:

- ✓Concern described in sufficient detail?
- ✓Distinguished between fact, opinion and hearsay?
- ✓Child's own words used? (Swear words, insults or intimate vocabulary should be written down verbatim)
- ✓Jargon free?
- ✓Free from discrimination/stereotyping or assumptions?
- ✓Concern recorded and passed to DPS in a timely manner?