



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. 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

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

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**

Name:	Tel No:
Address:	Relationship to Child:
Post Code:	

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

Name:	Tel No:
Address:	Position/Role:
Post Code:	

Signed: _____

Date: _____