BCCC Template for recording Safeguarding Concerns

To be filled in on the day of the concern and sent to the Coordinator on the same day

Date :	**Person who saw or heard the concern and is recording it here**	**Name of child or adult you are concerned about or who disclosed to you**
	Name: Role:	

If applicable - **What exactly was seen and /or heard– be as factual as possible.**	***If applicable*** **- What exactly was said to you and by whom – use their words as far as possible.**
Location of seeing a concern or being told of a concern:	**Was anyone else present to hear or see the concern? If so name them here:**

Any immediate action taken by you	Any later action taken by you	Any other relevant information

Signature: …….

Follow up action by Coordinator and/or Trustees