

EFDSS Child and Adult Safeguarding Concern Record Form

Use this form for recording child or adult safeguarding concerns, including suspected abuse, and return promptly to the EFDSS Designated Safeguarding Officer or Deputy. This form should only be filled in with information **already** known; be careful not to ask leading questions. Fill in factually. It should be filled out as soon as possible, on the same day and stored in a secure place until forwarded to the appropriate person or agency.

Name of the Child or Adult about whom there's a concern (including any names known)	
Date of Birth	
Address	
Name of Parent or Carer and contact details	
Any special needs known; including medical/disability/language/etc .	
Nature of concern	
Name and details of any other children in family	

Name and details of any other significant adults in family	
Action Taken	[Detail here agency contacted, who spoken to and any timescales/actions given]
Lead or deputy person's action and reason for taking it OR Why no action has been taken	[Include Time & Date]
Name of organisation, address and phone numbers/e-mails:	
<p>To be completed by the concerned person</p> <p>Signature:</p> <p>Print Name:</p> <p>Job Title/Role:</p> <p>Date:</p>	
<p>To be completed by Lead/Deputy person for Safeguarding:</p> <p>Signature:</p> <p>Print Name:</p> <p>Job Title/Role:</p> <p>Date:</p>	

Please continue overleaf or on separate piece of paper if needed.