

Record of Concern Form



Date:	Name of Worker
Name of Child and parent/carer if known	How has the concern come to your attention? (please tick) <ul style="list-style-type: none"> • Direct contact/ observation • disclosure • Third party
Details about the child if known: D.O.B Gender Address Siblings/other family members	Do you think this issue is:- <ul style="list-style-type: none"> <input type="checkbox"/> Child Protection <input type="checkbox"/> Safeguarding <input type="checkbox"/> Bullying <input type="checkbox"/> Equalities
Phone numbers for parent/carer(s) and child if known:	
What is your concern about this child or young person (Be specific: include when and where incident occurred, any evidence of what you saw or was reported, timelines if known)	

Who else, if anyone, was involved and how?	
Child or Young Person – were there any obvious signs in the child e.g., bruising, bleeding, changed behaviour? Did the child say anything?	
What action have you taken? (who have you spoken to and when?)	
Is there a follow up or support plan?	
Do the parents know? (delete as appropriate) YES / NO	
Has a referral been made to Children's Social Care?	YES/NO
Has a referral or follow up been made to another agency?	Who?
Name & Signature of person filling in this record of concern:	
Date and signature of line manager	Date received by Director: