

NATURE OF CONCERN AND INDIVIDUALS INVOLVED

Safeguarding/Concern Log Number to be Completed by Designated Safeguarding Lead (DSL) ONLY

Safeguarding Number:		Concern Log Number	
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I have a concern regarding:	Location:
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Name(s) of the person/s who is/are concerned	Status: (Staff / Individual / Relative / Other) Please specify:
Date of concern:	Time of Concern:
Location of Concern:	
Other People Present	
Name(s)	Status: (Staff / Individual / Relative / Other) Please specify:

The Concern is:

Is there any related paperwork linked to this concern e.g. body map, incident report? Where is it located?

I confirm that this information is, to the best of my knowledge a true record of the concern raised/events witnessed.					
Signed:		Print Name:		Date:	
I have passed this form to:					
At:	(time)	On:	(date)		

WHAT TO DO NEXT WITH THIS FORM

Report immediately (within one hour) to the designated safeguarding person providing he or she is not suspected or implicated (a list of all Designated Safeguarding Leads (DSL) is displayed on Safeguarding Information poster.

If for any reason DSL is not available – this form should be handed to the most senior person on duty immediately. They should pass it on to one of the DSL at the next available opportunity.

Concern Form

If the DSL is suspected or implicated then the people listed below are to be contacted and they will undertake appropriate action which otherwise would have been taken by the DSL. If none of the people listed below are the Responsible or Nominated Individuals (RI/NI) for the service, then RI/NI also need to be notified.

Education division: the Regional Education Lead for Education or Care

Residential division: Regional Manager (if they are not the DSL) otherwise Managing Director

RECEIVING THIS FORM

Name of person receiving this form:			
Role of the person receiving this form			
Received from:			
Date Received:		Time Received:	

WHAT TO DO NEXT ABOUT THE CONCERN RECEIVED:

CHECK AGAINST INITIAL MANAGEMENT ACTION FORM/LOCAL AUTHORITY GUIDANCE

EITHER: - If the matter is considered to be a child protection / safeguarding matter:

- Sequentially number the concern form by reference to Child Safeguarding file/Log held at the location.
- Telephone **Safeguarding Authority/LADO** and depending on the outcome of the telephone call either:

A – Not considered to be a safeguarding concern by Safeguarding Authority/LADO – SAFEGUARDING LEVEL 1 – Initial informal investigation. There is no need to open a tracking pack as long as the following actions are completed:

- Record the date and time contact made with **Safeguarding Authority/LADO** on the Central Log of Concerns and Safeguarding.
- Select level 1 on Central Log of Concerns and Safeguarding, identify a person who's going to review practice and provide feedback.
- Record in the **Action taken log** below feedback received and actions arising with details on location of communication evidence.
- Sign the bottom of this form accordingly.

B – Is considered a safeguarding concern by Safeguarding Authority/LADO – SAFEGUARDING LEVELS 2 OR 3 – INTERNAL MANAGEMENT INVESTIGATION OR EXTERNAL INVESTIGATION

- Follow step 1 under 'A' and select level 2 or 3
- Add Tracking Pack reference number to the Central Log of Concerns and Safeguarding column 'U', open Tracking Pack and complete the rest of the columns 'V' – 'AA'.
- Complete a local authority form if requested, if not – carry on with Cambian Tracking Pack
- Sign the bottom of this form accordingly.

OR - If the matter is a more general concern you must:

- Sequentially number the concerns form by reference to Safeguarding file held at the location.
- Complete the Action Taken Log below.

ACTION TAKEN LOG

Date:	Details:

On completion of this form this is to be filed in the individual's concern/safeguarding folder

	Please indicate where other copies have been placed:
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Summary assessment:	
This matter is a safeguarding matter (Level 2 or 3) and was continued using the Safeguarding Tracking Pack/local authority form notification number	STP number:
This matter IS NOT considered a Safeguarding matter by the local safeguarding board. This is level 1 – Review Practice	Date of decision:
Designated Safeguarding Lead signature:	Date: