

# Exodus Safeguarding Incident / Concern Form

This form should be completed and passed to the Local Deputy Designated Officer as quickly as possible. All concerns should be reported within 24 hours of arising. Fill in all the information you know but do not worry if you cannot complete all sections.

## Your Details

Name		Role	
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## Person at Risk Details

Name		Age / DOB	
Address		Parents Names	
Specific Needs	e.g. communication	Gender	

## Summary of Concern

**What is the nature of the concern?**

Disclosure

Incident

**When & where was the disclosure / incident?** (Date and Time, activity & location)

**Who was the disclosure to or who witnessed the incident?**

**Disclosures - What did the young person actually say?**

**Describe any signs or indicators of abuse (with times and dates)**

**Did the child indicate that any particular person is the abuser?**

If so record details including their relationship to the young person.

**Details of any immediate Action Taken**

E.g. First Aid, involvement of external agency

**Any additional comments**

This may include a summary of why you are concerned but will be treated as an opinion

Person Reporting

<b>Signature</b>		<b>Date</b>	
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Designated Officer

<b>Name</b>		<b>Date Received</b>	
<b>Summary &amp; Explanation of Initial Actions inc Dates</b>	e.g. referral to Gateway team, contact external agencies, consulting with other designated officers		