



CLEVES PRIMARY SCHOOL

CAUSE FOR CONCERN FORM

All concern forms should be submitted to a member of the safeguarding team **immediately**.

Sab Ubhoo (DSL) Liza Christofides (Headteacher) Megan Turpin (Deputy DSL)

Child's Name:

Class:

Staff Name:

Position held:

Date of Incident:

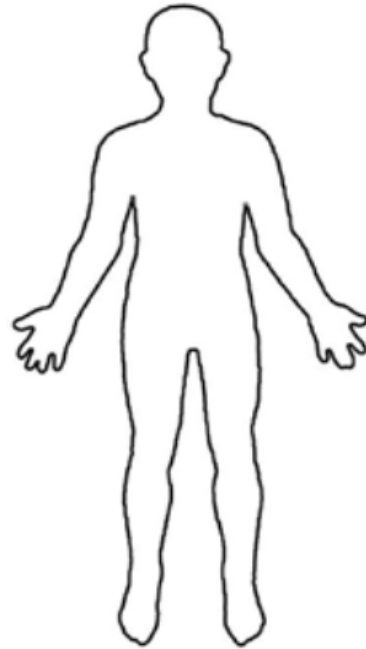
Time of incident:

Location of Incident:

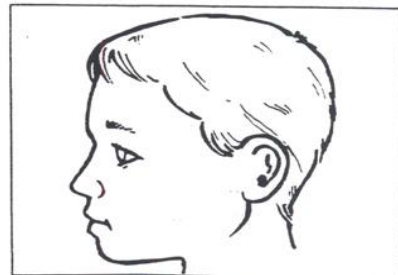
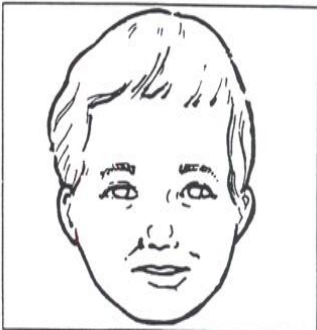
Date of record being made:

*Provide details of the incident or concerns you have including **description of any injuries** (use body diagram to indicate area of injury), **witness details, what you have observed, heard or been told**, if the information is first hand, fact or opinion, any other relevant details / information, etc. Ensure you clearly record the voice of the child's (suggestion - use capital letters/speech marks to ensure it can be easily recognised). Ensure you act in a timely manner when reporting concerns, especially if there is an injury noted.*

STATEMENT:



Front
 Back



Date received by DSL: _____

Date logged on Safeguard: _____

DSL notes/comments:
