



REPORT OF CONCERN ABOUT AN ADULT

STRANDTOWN BAPTIST CHURCH

CONFIDENTIAL

Use this form to record any concern you have about an adult. If you need help in completing this form please talk to the Safeguarding Co-ordinator. The completed form should be given to the Safeguarding Co-ordinator.

PERSON'S NAME

ADDRESS

POSTCODE

PHONE NUMBER

DATE OF INCIDENT TIME OF INCIDENT

NATURE OF CONCERN (SEQUENCE OF EVENT/ACTUAL WORDS USED/OBSERVATIONS, WHY ARE YOU CONCERNED, FROM WHOM DID YOU RECEIVE INFORMATION AND WHEN); ANY PHYSICAL, BEHAVIOURAL OR OTHER SIGNS?

ACTION TAKEN (INCLUDING PERSONS CONTACTED) HAS THE INDIVIDUAL BEEN SPOKEN TO & WHAT WAS SAID?

DETAILS OF PERSON REPORTING CONCERN

NAME PHONE NO

ADDRESS

POSTCODE

SIGNATURE:

DATE:

If appropriate, please use the body map diagram below to indicate areas of concern or injury.

