



Logging a Concern about a Child, Young Person or Adult at risk

Holy Trinity Church Market Street Cambridge CB2 3NZ	Date of this Log:	dd/mm/yy
	Time of this log:	00:00
Child/Vulnerable Adult's Full Name:		
Address:	Phone no:	
	DoB:	
	Gender	
Date of Concern/Incident: dd/mm/yy	Time of Concern/Incident: 00:00	
Your Name:	Your role:	
<p>Describe the incident as factually as possible. Include who was involved, exactly what happened, where it happened, when it happened, and the source of the information (e.g. witnesses). Remember to describe clearly any behavioural or physical signs you have observed, using the body map overleaf as necessary.</p> <p>Check to make sure your report is clear now – and will also be clear to anyone reading it in the future. Use a continuation sheet as necessary.</p>		
Action taken:		
Signature of reporting person:		
Form received by:		(Safeguarding Officer)
Date:	Time:	
Proposed action by the Safeguarding Officer:		

Body Map

