

# Safeguarding Concern Report Form



Please email this report to [safeguarding@socialimpactaward.net](mailto:safeguarding@socialimpactaward.net) within 24 hours. You can also fill out this form via our website: [www.socialimpactaward.net/safeguarding-concern-form](http://www.socialimpactaward.net/safeguarding-concern-form).

|  |  |                     |  |
|--|--|---------------------|--|
| Date of report:  |  | Location of report: |  |
| <b>Reported by</b>   |  |                     |  |
| Your name:   |  | Your position:      |  |
| Your phone number:   |  | Your email address: |  |
| <b>Person being protected (the victim)</b>   |  |                     |  |
| Surname:   |  | First name:         |  |
| Date of birth:   |  | Gender:             |  |
| Nationality:   |  | Address:            |  |
| Further contact details:   |  |                     |  |
| Are other children or vulnerable adults involved? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide name and contact details. |  |                     |  |
| Surname:   |  | First name:         |  |
| Date of birth:   |  | Gender:             |  |
| Nationality:   |  | Address:            |  |
| Further contact details:   |  |                     |  |
| If there are more children or vulnerable adults involve, please add details at the end of this report.   |  |                     |  |
| Have all victims given consent for you to share information? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                     |  |
| If a child, does the parent/carer know about concern? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                     |  |
| <b>Person who caused the problem (the offender)</b>  |  |                     |  |
| Surname:   |  | First name:         |  |



# Safeguarding Concern Report Form



|  |  |                           |  |
|--|--|---------------------------|--|
| Date of birth:   |  | Gender:                   |  |
| Nationality:   |  | Address:                  |  |
| Further contact details:   |  |                           |  |
| Does this person work for Social Impact Award? If so, in which role or position?   |  |                           |  |
| What is the person's relationship with the child or vulnerable adult?  |  |                           |  |
| If there are two or more people who caused the problem, please add details at the end of this report.  |  |                           |  |
| <b>Facts (details of the incident/report)</b>  |  |                           |  |
| Date of the incident:  |  | Time of the incident:     |  |
|  |  | Location of the incident: |  |
| How did you become aware of the incident?  |  |                           |  |
| <input type="checkbox"/> I witnessed it. <input type="checkbox"/> Third person told me. <input type="checkbox"/> Victim told. <input type="checkbox"/> Other (specify below) |  |                           |  |
| Were there any other witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                           |  |
| If yes, please provide name and contact details.   |  |                           |  |
| Surname:   |  | First name:               |  |
| Date of birth:   |  | Gender:                   |  |
| Nationality:   |  | Address:                  |  |



# Safeguarding Concern Report Form



|  |  |
|--|--|
| Further contact details:   |  |
| If there are more witnessed, please add details at the end of this report.                                     |  |
| Please describe the specific incident. What were you worried about? What happened?                             |  |
| <b>Background to the concern</b>   |  |
| Is there anything you have observed or know about the situation that might help in understanding the concerns? |  |
| <b>Action taken</b>  |  |
| What immediate action has been taken to protect the victim(s)?   |  |



**Impact on you**

What is the impact of this situation on you? Do you need any additional support?

**Additional Notes**

Anything to add at this point?

