

RECORDING A SAFEGUARDING CONCERN FORM

Name of the person raising a safeguarding concern	
Are they a (cross relevant item) :	Member Volunteer Employee None of the above
Concern is about (cross relevant item):-	Vulnerable Adult Under 18 Both
Name of individual(s) safeguarding concern is about:	
Are they a (cross relevant item) :	Member Volunteer Employee None of the above
Name of alleged abuser, relationship with under18/vulnerable adult (if known):	
Are they (alleged abuser) a (cross relevant item) :	Member Volunteer Employee None of the above
Date and time of alleged incident(s):	
Where did the alleged incident(s) occur:	
Names/Contacts of any witnesses:	

What is the nature of the incident(s):	
Describe concern:	
Describe what you have done so far :	
What have your observations been to support your concerns:	
Description and location of any visible marks / bruises, etc:	
Who has this been reported to (date and time of the report and the name and position of the person to whom the matter is reported.)	
Has this report been confirmed in writing to the local social service team	
Anything else you would like to say?	
Name of person completing the form:	
Signature:	
Contact Details:	
Date:	

Please use a continuation sheet if required. Send to people@libdems.org.uk marked for the attention of the Head of People and Pastoral Office