

Potter's House Preschool

SAFEGUARDING INCIDENT / CONCERN FORM

Child name:

Date of birth:

Key worker:

Name and position of person completing form (please print)

Date of incident /concern: (DD MM YY)

Incident / concern (who what where when)*

Any other relevant information (witnesses, immediate action taken)*

Signature: (name of member of staff)

Role:

Date form completed (DD MM YY):

Action taken (including reasons for decisions) and Outcomes*
(NB – this section is only to be completed by DSL)

Signature of DSL

Date (DD MM YY)

Signature of Lead DSL (if appropriate)

Date (DD MM YY)

*Continue on a separate sheet if necessary