OGTC Safeguarding Concern Form

Please complete this form if you have any concerns, or if you have had a concern about a child or adult at risk reported to you

Name of child/adult at risk			
Day/Date/Time			
Name of person noting concern			

Concern (Please describe as fully as possible) *Please include: When, Where, What, Who was involved, any visible injuries* Signature: Date:

Actions Taken			
Date	Person taking action	Action	Signature

Please pass this form to the Welfare Officer (Jackie Rossa) when completed