



Safeguarding Record Sheet

*This form should only be filled in with information **already** known. Be careful not to ask leading questions. Fill in factually. It should be filled out ASAP, on the same day and stored in a secure place until sent to social care services*

Full Name of the person at risk and Date of Birth (if known)	
Address	
Nature of concern	
Action Taken	Detail here the agency contacted, who was spoken to and any Time & Date timescales/actions/advice given

To be completed by the concerned person

Signature:

Print Name:

Organisation:

Address:

Tel:

Date/Time:

To be completed by Lead for Safeguarding:

Signature:

Print Name:

Organisation:

Address:

Tel:

Date/Time: