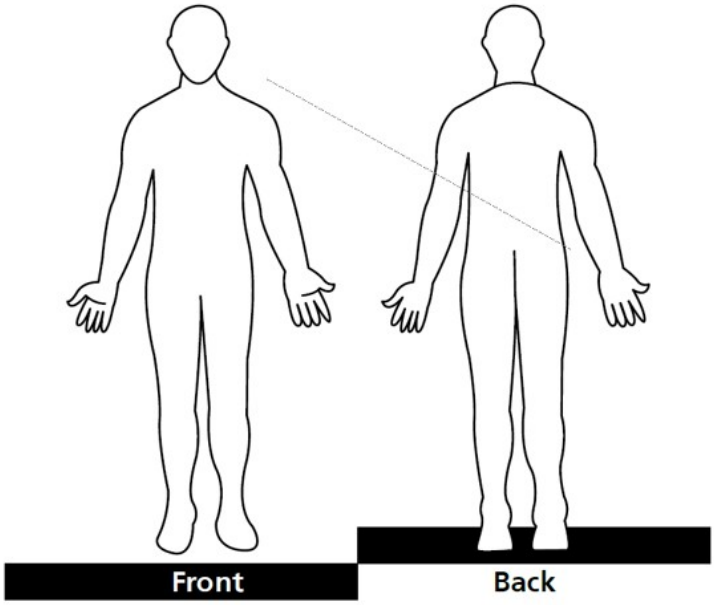
Safeguarding concern and disclosure report

Report completed by:	Date/time of report:
Name and role of the person to whom the concern was originally reported if different to above:	Contact details:
Name/age/relevant information about the person who is the subject of the concern or disclosure:	Date/time/location of incident of concern.
Names of all parties who were involved in the incident (including witnesses):	Age and role of those involved:
Details of the incident, concern or disclosure in as much detail as possible. Please be factual and objective, avoid judgement, opinion or inference. Please include what was said or done and by whom.	

Body map completed (appendix one):	Yes		No	
Details of any actions taken to look into or resolve the matter:				
To be completed by safeguarding lead:				
Further action taken:	Yes		No	
Details of the action taken e.g. referal or reasons why Rainbow Circus CIC decided not to refer those concerns to a statuatory agency (if relevant):				
The Rainbow Circus Safeguarding Lead will adhere to the "What to do if you're worried a child is being abused Advice for practitioners" (2015). Rainbow Circus follows the local South West Child Protection Procedure (https://swcpp-devon.trixonline.co.uk/chapter/reporting-concerns). Adult and child support and protection records are held in accordance with our safeguarding policy.				

Report completed by: (signature)		Date:	
Reviewing Safeguarding Lead: (signature)		Date:	

Appendix 1 Body Map

The body map below should provide a visual record of physical injuries which are clearly visible or freely shown to you. Please indicate injury using a “x” on the affected area.	
Body Map:	Details of injuries witnessed e.g. scratch, abrasion, graze, bruising, rash, colour of skin etc. Be factual and descriptive. Attach photos with consent if necessary.
	
Details of any treatment required e.g. first aid:	
First aid completed by (attach incident report if relevant):	
Body map completed by (if different to above):	
Date body map was completed:	