

Plateau Perspectives

Safeguarding Concern Report Form

Version: v1.0

Approved by:

Review date:

CONFIDENTIAL – For safeguarding purposes only. Do not copy or share except on a strictly need-to-know basis. Store securely in accordance with data protection law (UK GDPR/Data Protection Act 2018).

A. About the person at risk (child or adult)

Full name:	
Date of birth / Age (if unknown, estimate):	
Gender (self-described):	
Primary language / communication needs:	
Disability / special or medical needs:	
Relationship to Plateau Perspectives (beneficiary / staff / volunteer / partner / visitor):	
Current location (where the concern arose):	
Parent/Carer/Guardian (if child) or Next of kin (if adult at risk) – name & contact:	
Contact details for the person at risk (if appropriate):	

B. Nature of concern

Type of concern (tick all that apply):

Physical abuse
 Sexual abuse/exploitation
 Emotional/psychological abuse
 Neglect
 Child sexual exploitation (CSE)
 Online abuse
 Bullying/harassment
 Domestic abuse
 Harmful traditional practices (e.g., FGM, forced marriage)
 Trafficking/modern slavery
 Self-harm/suicidal ideation
 Financial/material abuse (adults)
 Discriminatory abuse
 Organisational/Institutional abuse (adults)
 Other (specify): _____

Date and time of incident(s):	
Location of incident(s):	
Names/roles of alleged person(s) causing harm (if known):	
Immediate risk present? (<input type="checkbox"/> Yes <input type="checkbox"/> No) If yes, describe risk and actions taken:	
Any injuries observed? (attach body map if relevant)	

Detailed record – please distinguish fact from opinion and use exact words if quoting:

Please write on attached sheet – at the bottom of this form – if you account does not fit on the form – clearly indicating the question that you are answering

1) What have you OBSERVED and when?	
2) What have you been TOLD and when? (Use exact words if possible; by whom?)	
3) What have you HEARD from others and when? (Identify the source)	
Any other information related to this	

C. Immediate actions taken

First aid/medical attention provided? (details):	
Was emergency services contacted? (<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Other – details & reference numbers):	
Was the person at risk informed about next steps? (<input type="checkbox"/> Yes <input type="checkbox"/> No) Any wishes/views expressed:	
Consent and capacity (for adults): Does the person have capacity regarding this decision? (<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear). If refusing consent, record rationale for sharing if overriding public interest/safety applies:	
Safeguarding measures put in place to reduce immediate risk:	

D. Reporting and referrals

Reported to Designated Safeguarding Lead (DSL) or Deputy (name & role):	
Date/time reported to DSL/Deputy:	
External agencies contacted (tick): <input type="checkbox"/> Children’s Social Care <input type="checkbox"/> Adult Social Care <input type="checkbox"/> Police <input type="checkbox"/> Health/Medical <input type="checkbox"/> Other: _____	
Name, contact, advice given, and reference/case numbers:	
Parents/Carers informed? (<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A). If not, record reasons:	
Information shared on a need-to-know basis with (names/roles):	

E. Reporter's details

Your full name:	
Role/relationship to Plateau Perspectives (staff / volunteer / contractor / trustee / partner):	
Team/Project:	
Contact number and email:	
Date and time of this record:	
Signature:	

F. For DSL/Deputy use only

Date/time received:	
Received by (name & role):	
Initial risk assessment (<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High) and rationale:	
Decision and rationale (no further action / monitor / speak to person/family / refer to agency / other):	
Referrals made (agency, date/time, contact person, outcome, reference numbers):	
Information sharing & lawful basis (consent/public task/vital interests/legitimate interests):	
Safeguarding plan / next actions and responsible person(s):	
Record storage location (file path/ID) and retention period:	
Review date(s) and notes:	
Case closure date and sign-off (name & role):	

Notes:

- Record facts accurately and promptly. Use the person's own words where possible.
- Do not promise confidentiality; explain you must share concerns with the Safeguarding Lead to keep people safe.
- If there is immediate danger, call emergency services first.
- Attach any additional pages, body maps, or evidence as needed.