**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:** |  |