



ARTISTIV

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Notification of Safeguarding Concern

Name of child/vulnerable adult:

Date & Time of Event:

Age:

Male

Female

Details of Concern:

Notification of Safeguarding Concern

Name of Person Reporting Concern:

Position:

Phone:

Email:

Date Form Completed:

Designated Senior Person Reported to:

Signature:

I am responding to my concerns.

I am responding to concerns raised by someone else.

If responding to concerns raised by someone else, please provide their name, position, contact number and email address.

Have you informed the statutory authorities? Yes / No

Police

LADO

Social Services

Action:

Outcome:

Monitoring: