

CONFIDENTIAL

Safeguarding Children and Vulnerable Adults



Initial Concerns Form

About you

Name:

Telephone number:

Email address:

Date concern raised:

Time concern raised:

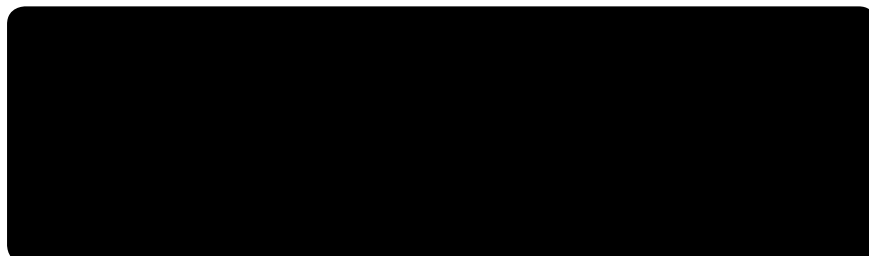
About the child/vulnerable adult

Name of child / vulnerable adult you have concerns about:

Address of child / vulnerable adult you have concerns about:

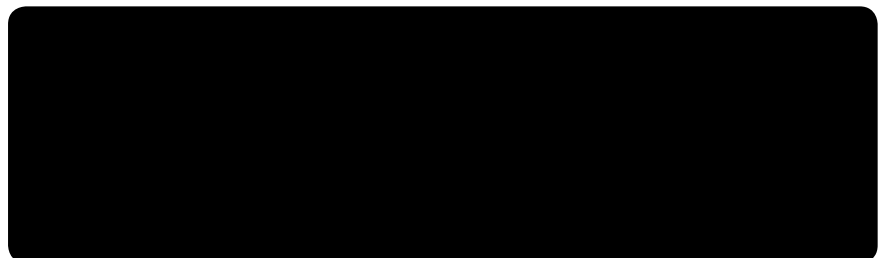
Date of birth of child / vulnerable adult (if known):

Name of parent or carer responsible for child /vulnerable adult (if known):



Nature of your concern

(Please include as much detail as possible - Nature of concern, description of visible injuries, observations and what the child or vulnerable adult said):



Action you have taken

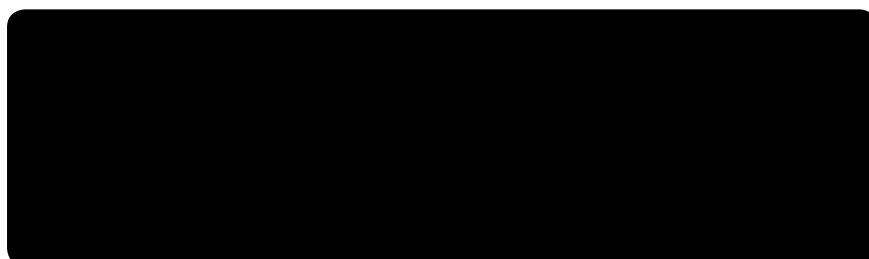
What you have done with the concern? e.g. reported to Police, passed to First Response etc. Include name and contact details of Officer/Social Worker to whom you have reported this matter:

Signature:

Date action taken:

Reference number if applicable:

The information that you have provided on this form will be used by Cannock Chase Council, who are the data controller, for safeguarding both vulnerable adults and children. We will only share your information, when necessary and where the law allows, with agencies involved in the processing of safeguarding referrals or where the law otherwise requires or allows us to do so. For further information, please see www.cannockchasedc.gov.uk/PrivacyNotice



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Date and time concern received:

Actions you have taken:

Has the Multi Agency Referral Form (MARF) been completed? Yes No

Reference Number if applicable:

Signature and Date:

