

APPENDIX 2: SAFEGUARDING CONCERN FORM

Oedipa Safeguarding Concern Form

*Use this form to record any safeguarding concern, however trivial.
Forward it **immediately** to the Oedipa Safeguarding Trustee:*

francesca@oedipa.org

Answer every question; continue on a blank sheet if necessary.

Details of person at risk

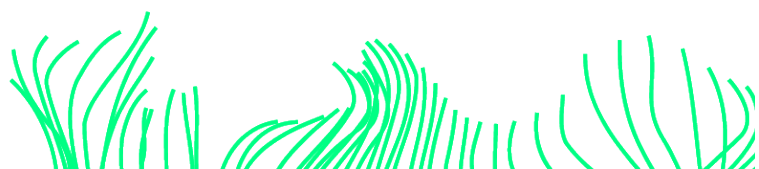
Name of person		DOB	
Home address			

About You (the person filling in this form)

Your name			
Job title / role		Date	

About the safeguarding concern

Are you reporting your own concern or one raised by someone else?	
If you are raising a concern made by someone else, please provide their full name, status and contact details	



<p>Details of the concern you have including dates, times, descriptions of events, full names and whether the information is first hand or the accounts of others</p>	
<p>The person at risk's account (if applicable).</p> <p>Include what they would like the outcome to be</p>	
<p>Details of the person causing harm (if known)</p>	
<p>Details of any witnesses to the concern</p>	
<p>Details of any previous incidents or concerns relating to this person (if known)</p>	



Actions: Please state the immediate actions you took in response to the concern

People contacted

*You must pass this form **immediately** to the Oedipa Safeguarding Trustee. The Safeguarding Trustee will then inform external people as necessary. You should only contact people outside Oedipa to deal with an immediate emergency (for example, police or ambulance service).*

Give details below of any people outside Oedipa that you have communicated this concern to – give name, position, contact details, and the date and time that you contacted them:

Declaration: I have completed all sections of this form to the best of my knowledge

Signature:

Date:

