**Sandford International School**

**SAFEGUARDING CONCERN REPORT FORM**

**STRICTLY CONFIDENTIAL**

**TO BE COMPLETED BY STAFF IN ALL INSTANCES OF SAFEGUARDING CONCERNS**

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| **Name of staff reporting concern:** |
| **Date of Incident:**  **Time:**  **Location of Incident:** |

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| **Name of student(s):** |
| **Tutor/Year Group:**   **DOB:** |

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| **Describe the Incident:** |

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| --- |
| **Action taken:** |

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| --- |
| **Signed: Date:** |

**Please submit this form to the Designated Safeguarding Team.**

**(email: safe@sandfordschool.org)**

**To be completed by the Designated Safeguarding Lead**

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| **Action taken:** |

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| **Signed: Date:** |

**Feedback provided to the reporter(s)**