**Sandford International School**

 **SAFEGUARDING CONCERN REPORT FORM**

**STRICTLY CONFIDENTIAL**

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

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

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

|  |
| --- |
| **Describe the Incident:** |

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

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

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

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

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

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

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

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