



Safeguarding Concern Form

Use this form to record any safeguarding concern, however trivial. Forward it **immediately** to General Manager or Executive Director. Answer every question; continue on a blank sheet if necessary.

Details of person at risk / vulnerable

Name of person		When and where you identified risk?	
Who is the person?	Staff / Visitors / Contractor / If other, please specify		

About You (the person filling in this form)

Your name		Job title	
Department		Date reported	

About the safeguarding concern

If this incident/concern has also been reported on an Incident/Accident Report, attach the Report prior to submit.	
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	

Please provide the maximum 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. Do share any observations, statements, or evidence or any other persons related to the concern.

Note: If you have already reported this information on an Incident/ Accident Report, simply write 'See attached Inc/Acc Report'

The person at risk's account (if applicable). Include what they want the outcome to be and why they have not reported directly. Have you received consent from that person to report?	
Provide details of the person causing harm (if known)	
Provide details of any witnesses to the concern	
Provide details of any previous incidents or concerns relating to this person (if known)	

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

Note: If you have already reported this information on an Incident/Accident Report, simply write 'See Inc/Acc Report'

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People contacted

You must pass this form **immediately** to the General Manager or Executive Director. The concern will first be evaluated then necessary action steps will be taken. You should only contact people outside MWF to deal with an immediate emergency (for example, police or ambulance service), else all elements need to be kept in full confidentiality.

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

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Declaration: I have completed all sections of this form to the best of my knowledge. I understand that this is a confidential matter and should not be shared to anyone except those involved in the investigation.

Signature	
Date Submitted	
Submitted to:	

February 2026