

<u>Initial Action; Who have you spoken to about your concerns?</u>		
Child / young person / adults experiencing, or at risk of abuse or neglect / at risk:		Yes / No
Date		
Parent / Guardian / Carer of the above:		Yes / No
Date		
Person alleged to being causing concern		Yes / No
Date		
Senior staff / line manager; Position: Name:	Yes / No	Contact details
Date		Tel. No
Diocesan Safeguarding Team (Name of Team member)	Yes / No	Contact details
Date		Tel. No
Children's / Adults' Social Care	Yes / No	Contact details
Date		Tel. No
Police	Yes / No	Contact details
Date		Tel. No
Probation	Yes / No	Contact details
Date		Tel. No
School / Employer	Yes / No	Contact details
Date		Tel. No
Other (Please specify)	Yes / No	Contact details
Date		Tel. No
Initial Report compiled by:		
Position:		
Date and time:		

