

# Child Safeguarding Concern Report Form

Please complete this form, using only factual information and pass to the designated liaison person with immediate effect.

## Reporter Details

Full Name:

Role:

Date & Time of Report:

Phone Number:

Email:

## Child/Young Person Details

Full Name:

Age:

Role/Connection to the Industry:

Contact (if applicable):

Address:

Parent/Guardian(s) Name(s):

Parent/Guardian(s) Phone Number(s):

Parent/Guardian(s) Address(es):

## Incident(s) Details

Date & Time of Incident(s):

Location(s):

Description of Concern:

Any Visible Injuries or Distress:

Any Witnesses (Name & Contact Number):

## Action Taken

Reported To:

- TUSLA
- DLP
- An Garda Siochana
- Emergency Services

If TUSLA was notified, please state the name of the duty social worker and location of TUSLA office:

Immediate Action (First Aid, Parental Contact, Gardai Notified etc.):

Date:

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Reported by Signature

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Designated Liaison Person Signature