

WHITEFRIARS CHURCH: SAFEGUARDING REPORTING FORM



Name of Person _____	Age/DoB _____
Date of Concern _____	Time _____
Name of Person Completing Form _____	Signature _____

Reason for Concern (including what the person said – use exact words)

Demeanour/Behaviour of Person (please comment)

Form passed on to _____

Discussed with _____

Action Taken:

Further Notes: