

**Please ensure this form is handed to:
Nathalie Jacob (DSL) OR Martin Stanley / Sean Parsons (Deputy DSL)**

**Tollgate Primary School
CAUSE FOR CONCERN FORM**

<u>Child's Name:</u>	<u>Class:</u>
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<u>Staff Name:</u>	<u>Position held:</u>
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<u>Date of Incident:</u>	<u>Time of incident:</u>
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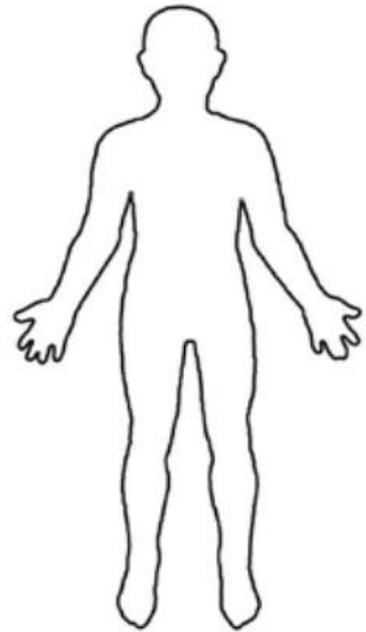
<u>Location of Incident:</u>	<u>Date of record being made:</u>
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*Provide details of the incident or concerns you have including **description of any injuries** (use body diagram to indicate area of injury), **witness details, what you have observed, heard or been told**, if the information is first hand, fact or opinion, any other relevant details / information, etc. Ensure you clearly record the voice of the child's (suggestion - use capital letters/speech marks to ensure it can be easily recognised). Ensure you act in a timely manner when reporting concerns, especially if there is an injury noted.*

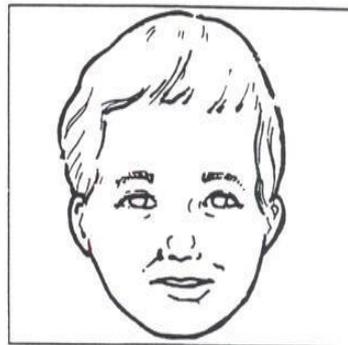
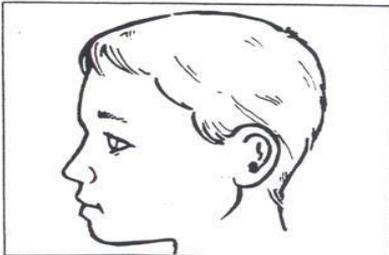
STATEMENT:

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Front
 Back



Date received by DSL: _____

Date logged onto Safeguard: _____