



Dronfield Henry Fanshawe School

Safeguarding Concern Form

(Private and Confidential once completed)

Student's name:		Student's D.O.B:			
Attendance:		House:		Year group:	
LAC: Y N		PP: Y N		SEN: Y N	
Date and time of concern:					
Details of the disclosure / incident / safeguarding concerns: (what was said, observed, reported and by whom – keep details factual and non-biased)					
Action taken (what did you do / say following the concern):					
Your name and staff code:			Your role in school:		
Your signature:			Date and time of recording: Date and time received by DSL:		
Action and response from DSL:					
Rationale:					
DSL name:			Date:		
DSL signature:					
Please ensure blue or black ink is used when completing this form or type and print it (do not email). Once completed this form must be passed immediately to a DSL.					



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