

Welfare Incident/ Concern form 'The Green Form'



Earlscliffe

EARLSCLIFFE

SAFEGUARDING INCIDENT / CONCERN FORM

Pupil/Child name	Date of birth and Year Group/Class
Name and position of person completing form (please print)	
Date of incident /concern: (DD MM YY)	
Incident / concern (who what where when)*	
Any other relevant information (witnesses, immediate action taken)*	
Signature: (name of member of staff)	Date form completed (DD MM YY):
Role:	
Action taken (including reasons for decisions) and Outcomes* (NB – this section is only to be completed by DSL)	
Signature of DSL	Date (DD MM YY)
Signature of Lead DSL (if appropriate)	Date (DD MM YY)

*Continue on a separate sheet if necessary