

6: Reporting Suspected Abuse *2-page document*

Please complete the form as fully as possible.

Is this a serious concern? YES POSSIBLY NO
Please circle

Name of person: _____ Age: _____

Ethnicity: _____ Religion: _____

First Language: _____

Disability: _____

Special circumstances: _____

Parents / carers name: _____

Home address: _____

Contact telephone number: _____

Are you reporting your own concerns or someone else's (name)?

What prompted concern? *(please describe briefly)*

Time of incident:

Date of incident:

What raised your concerns? Eg: physical, behavioural, indirect signs.
(please describe briefly)

Have you spoken with the person concerned?
(Brief outline your dialogue)

Details: _____

Has this been discussed with anyone else? If yes, whom?

Details: _____

Artists name:

Contact telephone no:

Contact email:

Please keep this information confidential and return to Leaf Arts' Designated
Person for Child Protection: Brian Raymond

Contact Details: Telephone 07816 791 023
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