#

# WBC Safeguarding and Welfare – Reporting a Concern Form

For recording concerns about a child or adult that involve physical/sexual/emotional/financial abuse, bullying, neglect or discrimination. **If someone is in immediate danger, call the police on 999.**

Please complete the form (electronically or print and use black ink) within 24 hours and send to the Safeguarding Team within 48 hours of the concern.

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| --- | --- | --- | --- |
| **Date concern raised:** |  | **Today’s date:** |  |

### Section 1) Details of those involved in concern

|  |  |  |
| --- | --- | --- |
|  | **Your details**  | **Welfare Officer / Referee (if different)** |
| **Name** |  |  |
| **Name of venue based at** |  |  |
| **Role at venue (if applicable)** |  |  |
| **Contact details (including address)** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Person you are concerned about** | **Alleged perpetrator** |
| **Name** |  |  |
| **Date of birth (if known)** |  |  |
| **Name of venue based at** |  |  |
| **Role at venue (if applicable)** |  |  |
| **Contact details (including address)** |  |  |

|  |
| --- |
| **Is the Welfare Team at WBC /Referee aware of the concern?** *(please circle)* |
| No Yes  |

### Section 2) Details of the concern

|  |  |
| --- | --- |
| **What happened?***Please include:** *When*
* *Where*
* *Who told you about the concern*
* *Who was involved*
* *Any visible injuries?*
 |  |
| **Additional comments**Is there any other information which you think is relevant to the concern? |
|  |

### Section 3) Details of the parent or carer of the person you are concerned about (if relevant)

|  |  |
| --- | --- |
| **Name(s)** |  |
| **Contact details (including address)** |  |
| **Have they been informed of the concern?** *(please circle)**The parent/carer should not be informed if doing so would put the child/adult at risk of harm* | Yes No |
| If they have not been informed of the concern, please give your reason why: |

### Section 4) Actions taken

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Who has been informed about the concern?** *(e.g. LTA, Social Care, Police)**Who at WBC has the concern been reported to?* | **Name** | **Role** | **Contact details** | **Date informed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- | --- |
| **What did they say/do?**  |  |

|  |  |
| --- | --- |
| **What else has been done about the concern (if anything)?**  |  |

**Thank you for completing this form. Please return to** **safeguarding@lta.org.uk****.**

### LTA Safeguarding and Equality Team contact details

T: 0208 487 7000

E: safeguarding@lta.org.uk

 equality@lta.org.uk

### LTA use only

|  |  |
| --- | --- |
| **Date form received** |  |
| **Case opened** | Yes No |
| **Link to Referral and Concern Form** |  |
| **Case closed by** | **Name** | **Position** |
|  |  |
| **Date case closed** |  |