**Safeguarding Report Form (Confidential)**

**Designated Safeguarding Lead**: ………………………………

**Contact Details : …………………………**Tel: ………………………………………….

This form must be completed in the event of any of the following cases:

● Whenever a child or vulnerable adult makes a disclosure

● To report on significant harm done towards a child or vulnerable adult by a volunteer

Liaise with the C4AS Designated Safeguarding Lead (DSL) when completing the form.

The form must be completed within 24 hours of the disclosure or observation made







Other persons present



