

Harmondsworth Primary School

CHILD PROTECTION INCIDENT / WELFARE CONCERN FORM

Pupil Name	Date of Birth	Year Group
Name and position of person completing form (please print)		
Time and Date of incident / concern: dd.mm.yy		
Incident / concern (who what where when)		
Any other relevant information (e.g. witnesses)		
Action taken		
Reporting Staff Signature ..... Date .....		
Designated teacher: response / outcome		
Designated teacher signature ..... Date .....		