

Knutsford G.R O.W. (Garden Regeneration Over Ward Community Association) Registered charity no.1091285 Email: <u>Secretary@KnutsfordGrow.org.uk</u> Website: <u>www.knutsfordgrow.org.uk</u> Registered Office: C/o Neil Forbes, Secretary, 69 Westfield Drive, KNUTSFORD, Cheshire WA16 0BH

Expression of Concern Form

Store spare copies in the first aid box so as to readily to hand when needed This form should be completed when there is cause for concern and given to your Designated Safeguarding Lead as soon as possible.

Details of Person of concern:

Name:

Contact details:

Details of the person reporting concerns:

Full Name:

Contact details:

Do these concerns relate to a specific incident/disclosure? If YES complete Section A and B; If NO, omit section A and move straight to Section B

Section A:

Date and time of incident/disclosure: Location of incident/disclosure: Date this form was completed: Other persons present:

Section B:

Details of concern/disclosure/incident: (What was said, observed, reported)

Action taken: (What did you do following the incident/disclosure/concern?)

Any other relevant information:

Signed:

Date:



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For completion by the Designated Safeguarding Lead (DSL):

DSL Response:
Action taken by DSL:
Rationale for decision making/actions taken:
Outcome of action taken by DSL:
Follow up action by DSL:
Feedback given to person reporting the concerns:

Full Name:

Signed by DSL:

Date:

Checklist for DSL:

✓ Concern described in sufficient detail? ✓ Distinguished between fact, opinion and hearsay? ✓ Person's own words used? (Swear words, insults or intimate vocabulary should be written down verbatim) ✓ Jargon free? ✓ Free from discrimination/stereotyping or assumptions?

✓ Concern recorded and passed to DSL in a timely manner?