

Knutsford GROW

Child protection and safeguarding policy

Initial cause for concern form

Date

Time

Name of individual cause for concern is about

Age (if known)

Address (if known)

<p>Describe your concern and immediate action(s) taken</p> <p>Observations to support cause for concern</p> <p>Description and location of any visible marks, bruising etc</p> <p>Name of alleged abuser, relationship with child (if known)</p>

Signature of person completing the form:

Witness:

Date: **ONCE COMPLETED Pass this form immediately to Knutsford GROW's Reporting Person (Chairman) who should continue on page two.**

This page to be completed by GROW's reporting person (Chairman).

Ensure you follow Knutsford GROW's policies and procedures which are downloadable from the website

Detail actions taken and dates including:

- **to whom (if anyone) this has been reported**
- **details of any investigations (if carried out) and by whom**
- **Outcomes including any decisions taken**