CHILD PROTECTION REPORT FORM

Your Name: _____ **Your Position:** _____

Child's Name: _____ **Date of Birth:** _____ **Sex:** (please tick box) M ☐ F ☐

Child's Address: _____

Parents/Carers address: _____

_____

_____

Disability (if applicable) _____

Date/time/place of incident: _____

Reported Concerns
(include name, address, contact telephone number, relationship to the child (if any), or official capacity of other person(s) involved. State exactly what the child said and what you said.

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NB. Please record as much information as possible about any alleged incident or complaint. Once completed, this form should be sent to Gary Thompson MBE BEM, General Secretary, ACU House, Wood Street, Rugby, Warks, CV21 2YX.

Remember to maintain confidentiality, do not discuss this incident with anyone other than those who need to know.

Signature: _____ **Print name:** _____

Date: _____ **Tel No:** _____

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