**CONCERNS REPORT FORM**

Please fill in as much as you can in order for us to respond to your concern.

|  |  |
| --- | --- |
| Your Name: |  |
| Date of referral: |  |
| Contact Number: |  |
| Is the person you are concerned about in immediate danger? | |
|  | |
| Who are you concerned about and how can we get hold of them? | |
|  | |
| Give a brief outline of your concern and what actions have been taken and what you have told them? | |
|  | |

Thank you for raising this issue – we will treat it seriously and will ensure appropriate action is taken.

**Email to this form to** [**bevellis@trstraining.net**](mailto:bevellis@trstraining.net)

**Alternatively you can call us on 01744 809010 or speak to our Designated Safeguarding Lead, Beverley Ellis, on 07749 270840.**