



## 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: \_\_\_\_\_