

## Record of Concern Form

ALL CONCERN FORMS TO BE HANDED TO Trevor Adams (Behaviour Practitioner Lead)

Name and class of pupil:

Name of person reporting concern:

Date and time of incident:

DAY it happened:

Date of report:

Nature of Concern: **Safeguarding** ☐ **E-Safety** ☐ **Wellbeing** ☐ **Other please specify** ☐

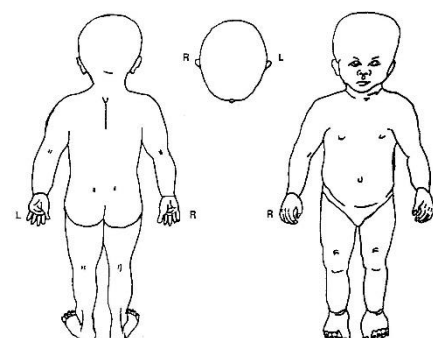
Technology involved in the concern: ☐ • Website content ☐ • Email ☐ • Mobile phone ☐

Photos / screenshots included ☐

### Detail of Concern:

Please include times, exactly what was said or seen, details of those involved, staff present, any behavioural or physical signs (Please attach additional notes if required). Please also include immediate action taken:

Please use body map to show marks on the body.



☐ Please tick if no action taken (*reported to \*\*\*\**)

**Who was involved in the incident:**

(Please name all pupils / staff involved)

**Please hand form to Lighthouse Team - Director or Business & Marketing Manager**

**To be completed by a member of the Lighthouse team.**

Action taken:

Email attached -

☐

Communicated to:

Further Action required:

Signed \_\_\_\_\_ dated \_\_\_\_\_

Parent/ carers communication – if applicable.