

BROOK INFANT SCHOOL
INITIAL CONCERN CHILD PROTECTION RECORD FORM

Child's Name	
Date/Time/Place	
Child's DOB:	
Name & role of person raising concern	

Details of concern (where? when? what? who? behaviours? use child's words)			
Actions			
Date	Person taking action	Action taken	Outcome of action

Name:	
Designation:	
Copied to	