ADLINGTON TOWN COUNCIL – SAFEGUARDING CONCERN FORM
Section 1 – Details of Child or Young Person or Adult at Risk (if known)
Name:
Date of Birth or approximate Age:
Address:
Parent/Carer or Key Contact for adult if known:
Section 2 – Details of Person Reporting the Concern
Name:
Role (Councillor / Clerk / Member of Public):
Contact Details:
Section 3 – Date and Time of Concern / Disclosure
Date:
Time:
Section 4 – Description of Concern (Record what was seen, heard, or disclosed. Use the person's own words where possible. Do not ask leading questions)
Section 5 – Immediate Actions Taken (Include reassurance given, who was spoken to, and any steps taken to ensure safety. Do not investigate)

Section 6 – Notification of Safeguarding Lead
Was the Designated Safeguarding Lead (Town Clerk) notified? **Yes / No**
Date & Time Notified:
If the concern relates to the Clerk, was the Safeguarding Lead Councillor notified? **Yes / No**
Date & Time Notified:
Section 7 – External Referral (Clerk Use Only)
Was an Agency Contacted? **Yes / No**
Children's Social Care:
Police:
LADO:
Adult Social Care (Adults at Risk)
Name of Agency Contacted:
Date & Time of Referral:
Advice / Outcome Provided:
Section 8 – Additional Notes or Follow-Up Required
Section 9 – Signature
Completed by:
Signature: