



# Record of Concern Alert

PLEASE USE BLACK INK AND BLOCK LETTERS

This recording form must be completed by any member of Education Services staff following a report of concern to the Head of Establishment within 24 hours of the alert. The form will be held in the child's or young person's file.

**1** Date of alert to senior management \_\_\_\_\_  
Senior manager to whom it was reported \_\_\_\_\_

**2** Name of Child or Young Person \_\_\_\_\_

**3** Source of concern

*Please tick*

a) Personal observation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
b) Reported by child/young person	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
c) Reported by another source	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>Please specify</i> _____ _____
d) Telephone call	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>Please specify</i> _____ _____

**4** Please give brief details

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Designation \_\_\_\_\_

PLEASE RETAIN THIS FORM IN THE CHILD'S OR YOUNG PERSON'S FILE