**Incident Form for Reporting Child Protection Concerns**

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| Name of child/young person this concern relates to: | Name of person raising this concern:  |
| Name(s) of any other staff / pupils involved / witnesses: | Date of incident:  |
| Location: | ***MMF Use Only***Name of DSL receiving this report: |
| Details of Incident:This form must be sent to MMF’s Designated Safeguarding Lead within 24 hours marked ‘highly confidential’ |
| Signed:  | Date: |

Email:

safeguarding@mmf.org.uk

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| ***To be completed by the DSL or Deputy DSL:*** |
| Action Taken: |
| Name / Signed: | Date: |