**Incident Form for Reporting Child Protection Concerns**

|  |  |
| --- | --- |
| 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](mailto:safeguarding@mmf.org.uk)

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