

**Reporting / Cause for Concern Form**

To be completed by the Designated Child Protection Officer (or his/her Deputy) in the case of alleged child abuse

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| Name of Child | Age |
| Home address | |
| Name of person reporting the specific incident | |
| Date and time of specific incident | |
| Details of specific incident | |
| Has the child been spoken to? If so, please record details | |
| Have the child’s parents been contacted? If so, please record details | |
| Has anybody been alleged to be the abuser? If so, please record details | |
| Has anyone else been consulted? If so, please record details | |
| Please record outcome of action taken | |
| Name of person completing the form | Position held within Toddington Town Band |
| Signed | Date |

**The information contained in the above form should be held**

**in the strictest confidence**