Cambois Primary School

Child Concern Report Form 

**Part 1 – to be completed by the staff member**

**Name of child Year group**

**Staff member reporting the concern:**

Nature of concern:

Action taken:

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 2: to be completed by designated person for child Protection (Mrs Allan in first instance, then Mrs Brown 2nd)

**Action taken:**