**Appendix B**

**Initial record of concern – Stage 1**

(to be completed by School/Central Team staff)

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| --- |
| **School/Department:***Please include the school’s postcode* |
| **Name of person raising the concern and their relationship with the School/Central Team:** (e.g., Supplier, parent)  |
| **Contact telephone number:**  |
| **Email Address:** |
| **Name of pupil or staff member** (if relevant): |
| **Nature of concern:**What happened?When did it happen?Why did it happen?How did it happen? |
| **What actions do you feel might resolve your concern at this stage?** |
| **External agencies involved:** |
| **Actions Taken by the School/Central Team:** |

Signed: ………………………………………………… Date: ……………….……...

Staff Role: ……………………………………………….……………….…….............

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**Internal use:**

Date concern was raised with school/Central Team staff:

Follow up actions to be completed by: