

BCCC REPORT OF CONCERN

Please use this form to record any concern you have about a child. If you need help in completing this form please talk to the leader in charge of your organisation or the designated person. The completed form will be given by the organisation leader to the designated person.

Child's Name:		
Address:		
Age:	DoB:	Tel. No:

State, as clearly as possible, why you are concerned, from whom you received the information and when. If possible include the details of the person(s) causing concern in relation to the child. Continue overleaf if necessary.

What is the nature of the concern?
Are there any visible injuries?
Has medical attention been sought / necessary?
Have there been any previous concerns?
Other relevant information?

Details of Person reporting concerns

Name:	
Address:	
Telephone number:	
Signed:	Organisation:
Date:	