

**Document 7 – Safeguarding and Child Protection referral form**

Date and time of incident	
Name and position of person about whom report, complaint or allegation is made	
Name and age if child involved	
Nature of incident, complaint or allegation (continue on separate page if necessary).	
Action taken by organisation (continue on separate page if necessary).	
If Police or Children’s Social Care Services contacted, name, position and telephone number of person handling case	
Name, organisation and position of person completing form	
Contact telephone number and e-mail address Signature of person completing form	
Date and time form completed	
Name and position of organisation’s child protection/welfare officer	
Contact telephone number and e-mail address	