



CFTS CONCERN / ALEGATION FORM



Date:

Your name:

Your position:

Name of Child or Young Person

Concern / Allegation Details

Date

Date of Birth:

Address:

Actions taken on receipt of Allegation/Concern

Date of action / response (If different from above)

Action/Response:

External agencies contacted

Social services YES/NO	If yes – where: Date: Time: Name and contact number: Details of advice received:
Police YES/NO	If yes – where: Date: Time: Name and contact number: Details of advice received:
Local Authority YES/NO	If yes – where: Date: Time: Name and contact number: Details of advice received:
C. P. S. U.	If yes – where: Date: Time: Name and contact number: Details of advice received:

Signature:
Print Name
Date:

PLEASE COMPLETE FULLY AND HAND TO CFTS CHILD PROTECTION OFFICER ASAP