**Disclosure Reporting Form** for **Writing West Midlands.**

**Submit to Child Protection Officer Jonathan Davidson** **Jonathan@writingwestmidlands.org**

Please complete with the information you have, and whenever possible, use the child’s exact words.

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| **Section 1 Details of the child and their parent/carer:**  |
| Name of individual |
| Sex: |  | Age: |  | Date of Birth: |  |
| Parent’s / Carer’s names (if known):  |
| Home address/place of residence including postcode (if known):  |
| **Section 2 Your details:**  |
| Your name: |
| Your position or role: |
| Date and time of incident: |
| Location/event: |
| Your contact details (telephone/email): |
| **Section 3 Your report:** |
| Are you reporting your own concerns or responding to concerns raised by someone else? Please indicate: |
| Responding to my own concerns | Responding to concerns raised by someone else |

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| If responding to concerns raised by someone else, please provide their name and position/role within: |
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| Please provide details of the incident or concerns you have, including times, dates, or other relevant information (description of injuries/whether you are recording fact, opinion or hearsay): |
| The individual’s (child’s) account, if it can be given, of what has happened and how: |

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| Please provide details of the person alleged to have caused the incident/injury – including where possible their name, address and date of birth (approximate age), role/relationship to individual (stranger, or known to the individual). |
| Please provide details of any witnesses to the incident(s): |
| If in school, who have you spoken to?  |
| If yes what was said, also give their name and contact details? |
| Have you spoken to the Parents?  |
| If yes what was said? |
| Have you spoken to the person the allegation has been made against?  |
| If yes what was said? |
| If no, please **do not** approach them. |
| Have you spoken to anyone else?  | If yes what was said, also give their name and contact details? |
|  |  |
| Please provide details of further action taken to date: |
|  |
| **Signature** |  | **Date** |  |
| **FOR OFFICE USE:** |
| Have you informed the statutory authorities? |
| Name of Local Safeguarding Children Board: |
| LADDO’s recommended next steps: |