Indicator of Child Safety Concern Reporting Form

Thank you for taking the time to complete this form. Reporting indicators of concern, no matter how minor, helps create a culture of safety and accountability for our company. When you fill this in please give as much information as you can. If you are unsure about any of the details please show this by using question marks right after the information.

After completion please send this to:

Your Center Child Safety Officer

 (*Find on IPS-Personal Profile-Organizational Contact or Alternative Contact Details)*

Someone will contact you within 48 hours. If this does not happen please follow up.[[1]](#footnote-1)

\* Required

|  |
| --- |
| \*Name of person making the report: *Click here to enter First and Last Name*. |
|  |
| Date: Click here to enter date |
|  |
| Contact Details of Person Making the Report: |
|  |
| \*Email *Click here to enter email address* |
|  |
| \*Preferred Contact details:*Click here enter mobile or other contact info (e.g. Skype, Vsee)* |
|  |
| What did you notice that was concerning for you? |
| *Click here to enter text* |
|  |
| When and where did you notice this? |
| *Click here to enter text* |
|  |
| Any additional information that would be good for us to know: |
| *Click here to enter text* |

1. If for some reason CSO cannot be contacted please contact your Medical Advisor OR

Center Leader [↑](#footnote-ref-1)