Appendix D: Form CP-A

RECORD OF ALLEGATION/SUSPICION OF CHILD ABUSE

Date.....**Time of Initial Call**.....

To: Safeguarding Lead (Name).....

Name of Complainant	**Name of Young Person and School (if applicable)**	**Place of Alleged Abuse**

Name(s) of people present

Details of Allegation
The account of the allegation as given by the complainant, this should include any injuries observed

Name of Person reporting Incident (capitals).....

Signed..... **Date**.....

Designation.....

Department.....**Ext No**.....

Email Address.....