Initial Cause for Concern

|  |  |
| --- | --- |
| Name of Child or Young Person: |  |
| Name of Staff initiating cause for concern: |  |
| Staff witnesses:  |  |

|  |
| --- |
| Details of Concern: |

|  |
| --- |
| Further Space if required.  |

|  |  |
| --- | --- |
| Signature from member of staff completing this form  |  |
| Date Signed |  |

**Management only**

|  |  |
| --- | --- |
| Person receiving this document |  |
| Signature |  |
| Date received |  |
| Cause for concern reference number |  |