

Have you or anyone else spoken with the parent/family/carer(s)? Y/N	
If yes, please outline what was said:	
Have you explained that you may have to disclose information regarding this allegation to a third party? Y/N	
If yes, please outline what was said:	
Date:	Signature:

Remember; do not discuss this with friends or colleagues. Arrange to see your Designated Child/Adult Safeguarding Officer urgently, they will initiate appropriate action.

For office use only:

SafetyNet Reference number	
Date input to SafetyNet	
Reporting officer interview date	
Interview time	
Interviewing officer	

Please return this form to Community Safety as soon as you have filled it out – safeguarding@communitysafetynh.org or call 01252 774476. You are responsible for confirming that a member of the team has received it. **If there is an immediate concern for life please call 999.**