# Record of Concerns

**Childs’s name** …………………………………

**Nature of concern/disclosure**-Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.

**Action to be taken/by whom/timescale**

Practitioner signature……………………. Date ……………

Parent/Carer Signature…………………… Date …………….