

**Portsmouth City of Sanctuary Children's  
Safeguarding reporting form**



**Complete form after a child protection incident and pass to the Service Manager/Project Lead within 24 hours or the next working day (if over the weekend or bank holiday).**

Service Manager/Project Lead/Coordinator to submit form to the Designated Officer (DO).

**Designated Safeguarding Officer – Shamila Dhana 07922223640 email: [portsmouthcityofsactuary@gmail.com](mailto:portsmouthcityofsactuary@gmail.com)**

Details of Child Name:	Date Of Birth
Immigration Status	Nationality
Gender	Address
Name of Parent Carer	Address of Parent Carer if different to above
Are there any other siblings? List ages.	Parent/Care Immigration Status

**Your Details:**

<b>Your Name</b>	<b>Your Position</b>
<b>Date and Time of Incident</b>	<b>Your Line Manager</b>
<b>Location of Incident – For example an office, drop in</b>	<b>Your Contact Details</b>

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**Are you reporting your own concerns or responding to concerns raised by someone else?  
Please give details below.**

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Please give details of incident, concerns you may have including descriptions, dates times, injuries etc.



Please detail the persons account if possible

Has the situation been discussed with the Designated Safeguarding Officer?

YES

No

Have you informed the statutory authorities:

Police YES/NO

Date and Time:

Name and phone number of person you spoke to:

Local Authority Children's Social Care: YES/NO (Delete as appropriate)

Date and Time:

Name and Phone Number of person you spoke to:

What has happened since referring to statutory agency? Include date and details of feedback of referral.

Details of any further steps taken to provide support to adult/child family member.

**Name** ..... **Position** .....

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

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**Manager's Name** ..... **Position** .....

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