



CHILD PROTECTION REPORTING FORM

1. Reporter Details

Name: _____
Role/Position: _____
Contact Number: _____

2. Child Details

Child's Full Name: _____
Age / Class: _____
Gender: _____

3. Nature of Concern

(Please tick all that apply) - Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Online/Cyber Abuse
- Other: _____

4. Description of Concern

(Provide clear, factual information. Do not include opinions.)

5. How was the concern identified?

- Child disclosed
- Observed by staff
- Reported by another child
- Reported by parent
- Other: _____

6. Immediate Action Taken

7. Witnesses (if any)

8. Reporter Signature

Signature: _____

Date: _____

9. For DSL /Head Teacher Management Use Only

Received by: _____

Date: _____

Action Taken: _____