



Deaf Choices UK

Child Protection Expression of Concern Form

Details of Child:

Childs name:

Childs Date of Birth:

Details of the person reporting concerns:

Full Name:

Post:

Do these concerns relate to a specific incident/disclosure? If YES, complete section A. If NO, omit section A and move straight to Section B

Section A:

Date and time of incident/disclosure:

Location of incident/disclosure:

Date this form was completed:

Section B:

Details of concerns/disclosure/incident:
(what was said, observed, recorded)



Deaf Choices UK

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Section B continued:

Action taken:

Any other relevant information:

Signed:

Date:



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DSL Response:

Action taken: by DSL:

Rationale for decision making/actions taken:

Outcome of action taken by DSL:

Follow up action by DSL:

Feedback given to person reporting the concerns:



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Child Protection Expression of Concern Form

Signed by DSL:

Date:

Full Name:

Checklist for DSL:

- Concern described in sufficient detail?
- Distinguished between fact, opinion and here-say?
- Child's own words used? (Swear words, insults or intimate vocabulary should be written down verbatim)
- Jargon free?
- Free from discrimination, stereotyping or assumptions?