**Safeguarding Concern form**

Please complete the short form below giving an overview of the Safeguarding concern along with your contact details for a member of the Safeguarding Team to contact you.

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| **London City Mission Safeguarding Concern** | |
| **Date and time of the incident** |  |
| **Details of the Concern including the names of those involved (Where known)** |  |
| **Where did this occur?** |  |
| **How did you become aware of this concern?** |  |
| **Any other relevant information** |  |
| Thank you for taking the time to complete this form. Our Safeguarding Team will contact you to discuss the way forward and treat your concern as confidential. Should there be an immediate risk of harm to anyone involved please call 999 before completing this form. | |
| **Your name** |  |
| **Contact details** | Phone number….  Email ………………. |