# **Child or Vulnerable Adult Safety Concern Form**

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| Name of person who you have concerns about (if known) |  |
| Date of birth (if a child) |  |
| Address of person (if known) |  |
| Contact telephone number of person |  |
| Nature of allegation/ concern |  |
| Please explain your concerns using facts and actual statements |  |
| Time, locations, dates or other relevant information; what happened? Who was there? Where did it happen?  |  |
| Description of any visible injuries |  |
| Any observation you have made |  |
| Is the person in immediate danger? |  |
| Is there anyone else at risk or in immediate danger either in the current vicinity or outside of the Sunderland Culture Venue? |  |
| Actions taken:*(contact the police if a crime is taking place/is believed to have just taken place, call an ambulance if someone needs urgent attention)*  |  |
| Signed |  |
| Name (Print) |  |
| Position |  |
| Contact Telephone Number and Email Address |  |
| Date |  |