



SAFEGUARDING CONCERN RECORDING FORM

PLEASE NOTE:

- Please provide all relevant information.
- Copy of your completed form should be sent to the CHARTS Executive Director.
- Further to your contact, immediate notification of this concern with a copy of the form attached will be delivered to the CHARTS Chair and the nominated Trustee, for appropriate action in liaison with Argyll and Bute Council.
- Your concern is valued and your continued support throughout any potential investigation will be appreciated.

Any questions, please contact info@chartsargyllandisles.org

Name of person making report:

Contact details of person making report (please provide address, mobile telephone and email contact details):

Name of project:

Relationship to individual about whom there is concern:

Person's Name:

Date of Birth:

Project name:

Address if known:

Any other information known, e.g. school:

Name of Parent(s) / Carer(s) if relevant:

Relationship to Individual:

Address/telephone:

THE GROUNDS FOR CONCERN

Please provide information below or attach a separate sheet.

Please sign below

Signature:

Date:

Person contacted:

Designation:

Date and time contacted:

For Office Use Only:

Report Number:

Date – report acknowledged:

Name - member of staff / Trustee, contacted:

Information delivered to CHARTS Chair:

Action Taken / Dates

State below or attach separate sheet

Reviewed 31 October 2025