

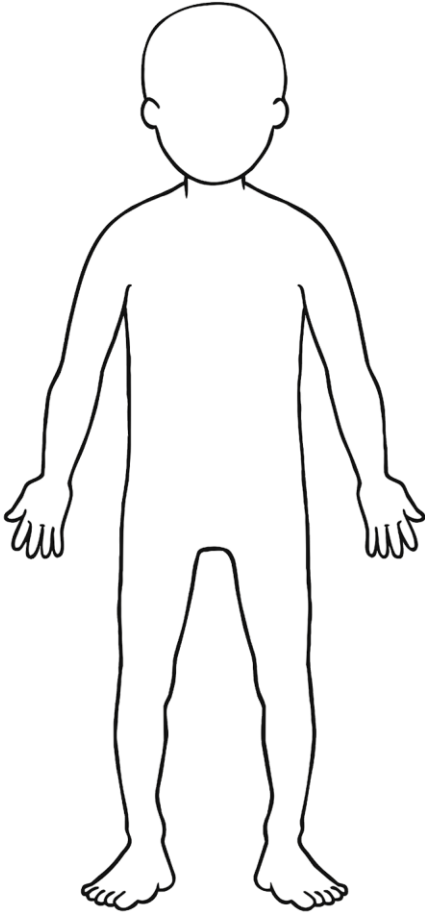
## 06.01a Safeguarding Concerns Record Form – Purple Form

<b>Child Name</b>		<b>Date of Concern</b>	
<b>Child D.O.B</b>		<b>Time of Concern</b>	

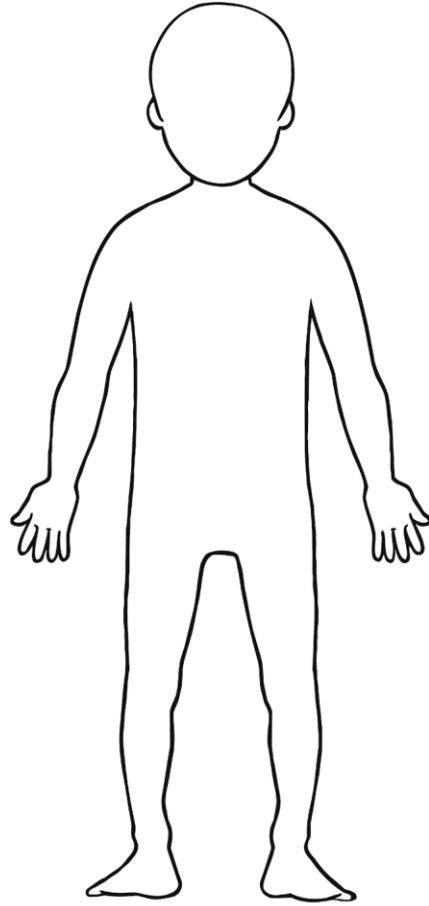
**Concerns about the child:**

**Voice of the child:**

**Body map:**



**Front**



**Back**

**Actions taken:**

Name of adult  
filling in this form:

Signature:

Date:

DSL/DDSL  
Informed:

Time:

DSL/DDSL Informed  
Date & Time: