**Appendix 4 of the** [**University Safeguarding Policy**](https://www.bath.ac.uk/legal-information/university-of-bath-safeguarding-policy/)

**Safeguarding Reporting Form**

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|  |
| Name of person making disclosure |  |
| Date of birth |  |
| Contact details (phone number) |  |
| Address |  |
| (Academic) department and programme of study (if applicable) |  |
| Nature of involvement |  |

|  |
| --- |
|  **Name of other individuals involved** |
| Name  |  |
| Date of birth |  |
| Nature of involvement |  |
| Name |  |
| Date of birth |  |
| Nature of involvement |  |
| Name |  |
| Date of birth |  |
| Nature of involvement |  |

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| --- |
| **Details of allegation/suspicion/concern**Include relevant dates and times, persons involved, witnesses, locations, what was said/done, visible injuries or marks sustained, etc. |
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| **Has the person making the disclosure given consent for this information to be shared?** |
| 🞎 Yes | 🞎 No (explain their reasoning for this below) |
|  |

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| **Have they been advised that this information has been shared with the Designated Safeguarding Officer despite consent not being given?** |
| 🞎 Yes | 🞎 No  |

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| **Is the abuse/incident still ongoing?** |
| 🞎 Yes | 🞎 No  |

|  |
| --- |
| **Do any alleged perpetrators continue to have access to or contact with the vulnerable person?** |
| 🞎 Yes | 🞎 No  |

|  |
| --- |
|  |
| Name of person completing this form |  |
| Role |  |
| Contact details (phone/email) |  |

**NOW TAKE THIS FORM TO A DESIGNATED SAFEGUARDING OFFICER**