



Safeguarding Initial Cause for Concern Form

Any safeguarding cause for concern can be recorded on this form. When completed it must be discussed with a member of the Woking Strokeability Management Team or a Trustee within 24 – 48 hours.

Date & Time	
Name of individual cause for concern is about	
Age (if known)	
Address (if known)	
Describe concern and action taken	
Observations to support cause for concern	
Description and location of any visible marks, bruising etc	
Name of alleged abuser, relationship vulnerable person (if known)	
Name of person completing form:	
Signature & Date	
Member of Management Team or Trustee's name	
Signature & Date	