## Sefton ADHD & ASD Services.

**Safeguarding Report form**

| **Report details** | |
| --- | --- |
| **Your Name:** |  |
| **Name of person you are reporting** |  |
| **Date & Time of Report:** |  |
| **Location of Report:** |  |
| **Date Logged:** |  |
| **Report:** | |
|  | |
| \* Sign:  Signature: Date: | |
| **\*Office use only!** | |
| Safeguarding Lead (DSL)Signed:  Signature: Date: | |
| Safeguarding Officer (DSO) Signed:  Signature: Date: | |