## 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: |