|  |
| --- |
| Please tick the following ‘flags’ that relates to your concern : |

🞏

🞏

🞏

🞏

🞏

🞏

🞏

Child Protection – Neglect

Eating Disorder

Peer on Peer Abuse

Self-Harm

Sexual Harassment

Social Media Concerns

Emotional Abuse

🞏

🞏

🞏

🞏

🞏

🞏

🞏

Bullying

Cyberbullying

Hate Crime

Racial Abuse

Sexual Assault

Substance Misuse

Radicalisation

🞏

🞏

🞏

🞏

🞏

🞏

🞏

Anxiety

Child Protection – Sexual Abuse

Family Concerns

Physical Abuse

Sexting

Sexual Orientation Issues

Verbal Abuse

|  |  |
| --- | --- |
| Name of Student : | Year Group : |
| Staff Member : | Date of Incident :  | Time : |

|  |
| --- |
| Describe and detail the incident : |
| Is this the first occurrence of the incident? 🞏 Yes / 🞏 No |
| If No – please explain : |
| Action you have taken to address the incident : |
| Signed :  | Date :  |
| ***Please hand to DSL and discuss the issue – DSL notes :*** |

***BODY MAP***

